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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Comoros

Proposed UNFPA assistance: $3.4 million, $3 million from regular resources and $400,000 from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Third

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.2	.3	2.5
Population & development strategies	.7	.1	.8
Advocacy	.1	-	.1
Total	3.0	.4	3.4

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COMOROS

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	54.3	≥60
Contraceptive prevalence rate (15-44) (%)[2]	3.0	≥55
Access to basic health services (%)[3]	82.4	≥60
Infant mortality rate (/1000)[4]	89.0	≤50
Maternal mortality rate (/100,000)[5]	500.0	≤100
Gross female enrolment rate at primary level (%)[6]	50.6	≥75
Adult female literacy rate(%)[7]	48.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994*

Demographic Facts

Population (000) in 1995	653
Population in year 2000 (000)	778
Sex ratio (/100 females)	103.0
Per cent urban	30.7
Age distribution (%)	
Ages 0-14	48.6
Youth (15-24)	19.3
Ages 60+	3.9
Percentage of women aged 15-49	43.1
Median age (years)	15.6
Population density (/sq. km.)	292
Annual population growth rate (%)	3.5
Urban	5.6
Rural	2.5
Crude birth rate (/1000)	45.2
Crude death rate (/1000)	10.2
Net migration rate (/1000)	0.0
Total fertility rate (woman)	6.5
Life expectancy at birth (years)	
Males	57.5
Females	58.5
Both sexes	58.0
GNP per capita (U.S. dollars, 1994)	510

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual Population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of the Comoros achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $3.4 million, $3 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $400,000 from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third cycle of assistance to the Comoros.

2. The proposed programme has been developed in close collaboration with the Government and with other international development partners. The programme takes into account the 1995 Country Strategy Note approved by the Government as well as the joint UNDP/UNFPA programming exercise that was held in June 1996, during which the recommendations of UNFPA's 1994 programme review and strategy development (PRSD) exercise were updated.

3. The long-range objective of the proposed programme is to assist the Government in achieving its goals of lowering maternal mortality by 50 per cent and increasing the contraceptive prevalence rate to 20 per cent by the year 2001 and in improving the overall status of women. The core of the proposed programme will be in the area of reproductive health and family planning. The programme will concentrate on making high-quality comprehensive reproductive health services readily accessible in five of the country's districts, which contain 30 per cent of the total population. At the same time, it will help the Government sustain the services that are available elsewhere.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The Comoros is classified as a least developed country and falls in category "A" in terms of UNFPA's new approach for resource allocation. Following an economic crisis in 1991, the country undertook a structural adjustment programme in order to rectify its macro-economic indicators; this programme had a negative impact on the country's ability to invest in social sectors. The political crisis generated by an attempted coup d'etat in September 1995 paralysed national institutions until the Presidential elections of March 1996. Political instability continues to disrupt development activities and the management of human resources in all sectors.

6. The total fertility rate is approximately 6.5 children per woman, with high infant and maternal mortality rates. Life expectancy at birth is under 60 years for both men and women, and a very

youthful population compounds the country's budgetary problems in terms of meeting needs for health, education and employment. The country's high population growth rate continues to put pressure on an already densely populated small country in which more than 70 per cent of the population is concentrated on arable land in rural areas. Demographic pressures are putting increasing stress on a vulnerable ecosystem at the same time that rural-urban migration is negatively affecting city living conditions, where basic infrastructures are already precarious.

7. Although health facilities are relatively accessible throughout the country and are intended to provide family planning services, only 68 per cent of hospitals, maternities and the district health centres do, in fact, provide such services. The rapid extension of services on a national scale in the past UNFPA programme resulted in making family planning more widely accessible, but the quality of such services, particularly in rural areas, is lacking due to poorly equipped health structures, inadequately trained medical personnel and high turnover of staff. For this reason, the proposed programme plans to concentrate on improving the quality of reproductive health, including family planning and sexual health, services in certain specific areas. Family planning services in the private sector are limited to approximately 20 private physicians in urban areas and to a newly created non-governmental organization (NGO), the Comorian Association for Family Well-Being.

8. According to national data, the contraceptive prevalence rate increased from 3 per cent in 1990 to 11 per cent in 1996, but family planning is still slow to gain acceptance because of sociocultural barriers and the poor quality of services. In spite of certain pro-natalist attitudes in society, 61 per cent of women have expressed the desire to limit or space the births of their children, indicating a large unmet need for family planning services. Strong male resistance to the practice of contraception is often encountered. The issue of adolescent and youth reproductive health is very sensitive, and there are no specific policies or services for these groups. Voluntary abortion is illegal, but there are indications that clandestine abortions are frequent. HIV infection is potentially a serious issue because of the high migration rate and the prevalence of sexually transmitted diseases (STDs) in urban areas.

9. Comorian culture revolves around traditional and religious leaders who possess great power within the community. Women are practically absent from decision-making. Due to ineffective legal protection for women in the areas of matrimony and divorce, women still marry at an early age and occupy a fragile position in the family. Despite the constitutional recognition of the equal rights of women, the dominance of women in the agricultural labour force and the ever-increasing proportion of female-headed households (32 per cent in 1996), Comorian women have only limited access to education, employment and health services.

10. As far back as 1983, the Comorian Government judged the country's demographic increase to be too rapid for the country's resources and supported child-spacing in order to improve the health of the mother and child. A national population policy, however, has not been formulated because of

weak technical and institutional capacity and the lack of reliable data. The Government endorsed the ICPD Programme of Action and, in order to coordinate population activities, in 1994 it set up the General Directorate for Population within the Ministry of Public Health, Population and Social Affairs. Previously, in 1991, a ministerial department for the promotion of women was created, which still lacks the resources required to carry out its mandate.

Previous UNFPA assistance

11. The first UNFPA programme of assistance to the Comoros was originally approved for a period of five years (1989-1993) in the amount of $4 million. It focused on maternal and child health and family planning (MCH/FP) in support of government efforts to expand services at the national level; data collection and analysis, chiefly for the 1991 census; and information, education and communication (IEC) activities to sensitize decision makers, politicians, traditional and religious leaders and the general public on population issues. In 1993, an evaluation mission found that the objectives had been too ambitious for the Government's limited institutional capacity and insufficient programme funding. As a result, the programme was extended by one year, through 1994.

12. Thereafter, a two-year bridging programme (1995-1996) was approved in the amount of $2.4 million from regular resources to complete the planned activities of the previous programme and to lay the proper foundation for more extensive population activities during the 1997-2001 period. The main objectives were to increase the demand for and improve the quality of available family planning services; establish a framework for a national population policy; improve the population database; reinforce community participation in population and development activities; elaborate and implement a national MCH/FP programme and supporting IEC strategy; and formulate a national programme for the integration of women into the development process. Reproductive health and related IEC have been the priority sectors.

13. The socio-political upheavals during 1995 and 1996 hampered the implementation of this bridging programme, and, therefore, many of the activities are planned to be continued under the proposed programme. These include the need to improve the quality of MCH/FP services and IEC activities in order to inform people of and increase demand for existing family planning services. Weak government institutional and technical capacities make it advisable to postpone formulation of a national population policy. Institutional weakness also creates a continued need for international expertise for programme execution, but, at the same time, the proposed programme will work to assure capacity-building for nationals. In addition, government efforts need to be complemented by more community groups, NGOs and local leaders in targeting certain population groups -- adolescents and youth and unmarried women and men -- who have great need for reproductive health services but are often ignored. Greater efforts need to be made in coordinating reproductive health and associated IEC activities.

Other external assistance

14. UNFPA has been the largest donor for population activities and the preponderant donor for family planning. Other donors who provide assistance in the health sector and for women include UNDP, UNICEF, the European Union, the World Health Organization (WHO), the World Bank and the French Cooperation Agency. Under its planned programme, UNDP will support the reform of the health system in five "focus districts" as well as the creation of a women's institution to help implement the Platform for Action of the Fourth World Conference on Women. The proposed UNFPA programme is designed to focus on the same districts, with interventions in the area of reproductive health. UNICEF has provided support for an expanded immunization programme and for community participation in health interventions. The European Union has emphasized education, the promotion of the social and economic well-being of women and activities designed to reduce the spread of STDs, including HIV/AIDS. WHO has been active in primary health care activities. The French Cooperation Agency has focused its assistance on the education and health sector, including prevention of STDs. The World Bank is supporting health reform and community development in the amount of $16 million for the period 1993-1997. Since 1994, the International Planned Parenthood Federation (IPPF) has provided funds for family planning awareness-creation activities to its affiliate, the Comorian Association for Family Well-Being.

Proposed programme

15. The proposed programme responds to development priorities contained in the Country Strategy Note for 1996-2000 approved by the Government. Taking into account the size of the country, the limited funding and the comparative advantages of UNFPA, the proposed programme will focus more than two-thirds of the funding on reproductive health activities. Interventions in other areas (population and development strategies, and advocacy) are designed mainly to reinforce the activities in the area of reproductive health.

16. Reproductive health. The programme will give high priority to the high rates of fertility and maternal mortality; adolescent inaccessibility to reproductive health information and services; the weak demand for family planning services and low use of contraceptives due to sociocultural factors; the low quality of available MCH/FP services, including for care of obstetrical complications; the weak technical capacities of the health personnel in terms of management, counselling and coordination; and the need to integrate the reproductive health concept into the health system.

17. To address these issues, the new programme will help make comprehensive reproductive health services readily accessible in the five focus districts, working through each district's referral health centres and their 20 dependent health service delivery points. It will also help the Government to sustain the continued availability of MCH/FP services in the rest of the country. The programme will achieve its objectives by first strengthening the technical and institutional capacities of the

Ministry of Health, particularly in the five focus districts. Secondly, a framework for a national reproductive health programme will be defined; operational research to improve the quality of reproductive health services will be developed; and the five districts will be assisted in providing a minimum package of reproductive health services. The programme will assist the Government in mobilizing community groups, grass-roots associations, NGOs and local leaders to promote the use of reproductive health services and to sensitize leadership groups on such issues as maternal mortality, adolescent reproductive health needs and male responsibility and involvement. In order to ensure that services continue to be available, the proposed programme will help in providing sufficient contraceptive supplies and medical equipment and will furnish technical assistance.

18. In the five focus districts, service providers will be trained in how to integrate a full range of reproductive health services into their programmes while traditional birth assistants will be trained in how to assess high-risk pregnancies. The programme will also support an outreach system by family planning motivators and a pilot community-based distribution programme. To encourage demand and use of reproductive health services in the five districts as well as on the national level, the programme will promote development and production by the Ministry of Health of appropriate IEC materials, including special IEC programmes for the general public using national and private radio networks, video and the written press. Training will be offered to grass-roots associations, NGOs and community groups in order to sensitize local traditional and religious leaders, as well as men and youth, on reproductive health issues, including prevention of STDs, including HIV/AIDS.

19. To sustain the availability and improve the quality of MCH/FP services outside the five focus districts, family planning trainers will offer training courses to strengthen the family planning skills of Ministry of Health service providers and managers and of doctors from the private sector. A qualitative study on the perceptions that women and men have of family planning services will be completed. In addition, the programme will support a series of operational investigations such as on assessing the impact that mother-baby consultations at district health centres have on the recruitment and continuation of family planning users. The results of this assessment will be used in expanding this approach to all grass-roots health service points. One MCH/FP centre in Moroni will introduce Norplant on a pilot basis. Also in Moroni, a model family planning clinic will be opened to offer counselling and services to young people.

20. Population and development strategies. The proposed programme is intended to contribute to the improved coordination of national population activities under the auspices of the Ministry of Health; to the improved quality, reliability and usefulness of existing population data collection; and to the formulation and dissemination of a national policy and plan of action for promotion of women as well as of a family code. Specifically, the programme will seek to assess and diagnose the data collection system, train government cadres in data collection and data processing, strengthen the technical planning capability of the line ministries and establish better communication among development partners.

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21. Advocacy. In the area of advocacy, the proposed programme will assist the Government in addressing its concerns about such issues as the early age of marriage, the low participation of women in decision-making, and the low social status of women in general. To accomplish this, the proposed programme will strengthen and support the capacity of the General Directorate for the Promotion of Women and Social Protection in its efforts to sensitize political and social leaders and will provide training in advocacy techniques for Directorate personnel. UNFPA will participate with UNDP in a round-table for donors to seek financial contributions for the implementation of the national policy for the promotion of women and its programme of action.

Implementation, monitoring, evaluation and coordination

22. The proposed programme will be executed by national counterparts with the technical assistance of UNFPA and the International Labour Organisation (ILO). In the reproductive health sector, interventions will be primarily executed by the Government and the Comorian Association for Family Well-Being with the technical assistance of UNFPA delivered through an international adviser, the Country Support Team (CST) headquartered in Harare, Zimbabwe, and national experts. The population and development interventions, including those relating to gender issues, will be implemented by the Government with possible execution by ILO and with technical assistance from the CST.

23. The Ministry of Cooperation and the General Commissariat of Planning and Development are responsible for the overall coordination of external assistance and the supervision of project execution by sectoral ministries. The coordination of UNFPA programme activities will be assured by the Fund's country office. The proposed programme is harmonized with those of UNDP and UNICEF, which also begin in 1997. In addition, the Fund will continue to promote close coordination with bilateral donors in the population area to achieve effective use of limited human and financial resources.

24. The monitoring and evaluation of activities developed as part of this programme will be implemented in compliance with standard UNFPA guidelines and procedures. Each component activity will incorporate measurable indicators to help gauge the impact of the overall programme. All activities will be subject to annual progress reports and to annual and final tripartite reviews and monitoring visits. UNFPA personnel in the country office will supervise the monitoring of programme implementation and will organize training courses in UNFPA management procedures and programme monitoring and evaluation for nationals. Programme management will be the responsibility of the UNFPA Representative resident in Madagascar. For this purpose, the Representative will make at least three programme monitoring visits each year. A mid-term review will be scheduled for mid-1999. This exercise will be carried out jointly with UNDP, UNICEF and

WHO. A PRSD process will be scheduled for the year 2001 in order to prepare the next UNFPA programme of assistance.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for Comoros as presented, in the amount of $3.4 million over the period 1997-2001, $3 million of which would be programmed from UNFPA's regular resources, and the balance of $400,000 would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Togo

Proposed UNFPA assistance:	$7.0 million, $6.0 from regular resources and $1.0 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Third
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	4.0	.5	4.5
Population & development strategies	1.2	.5	1.7
Advocacy	.8	-	.8
Total	6.0	1.0	7.0

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TOGO

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	54.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	12.0	≥55
Access to basic health services (%)[3]	61.0	≥60
Infant mortality rate (/1000)[4]	85.0	≤50
Maternal mortality rate (/100,000)[5]	420.0	≤100
Gross female enrolment rate at primary level (%)[6]	62.5	≥75
Adult female literacy rate(%)[7]	32.9	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	4,138	Annual population growth rate (%)	3.0
Population in year 2000 (000)	4,818	Urban	4.8
Sex ratio (/100 females)	98.1	Rural	2.2
Per cent urban	30.8	Crude birth rate (/1000)	41.8
Age distribution (%)		Crude death rate (/1000)	11.4
Ages 0-14	45.8	Net migration rate (/1000)	0.0
Youth (15-24)	18.8	Total fertility rate (woman)	6.08
Ages 60+	5.0	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.3	Males	55.2
Median age (years)	17.1	Females	58.8
Population density (/sq. km.)	73	Both sexes	57.0
		GNP per capita (U.S. dollars, 1994)	320

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of Togo in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $7 million, of which $6 million would be programmed from UNFPA regular resources, to the extent such resources are available. The balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third cycle of assistance to Togo.

2. The proposed programme has been designed to complement national population activities It takes into account the recommendations of the programme review and strategy development (PRSD) exercise of July 1996, which was jointly organized by the Government and UNFPA and included participation from government officials, other United Nations agencies, bilateral donors and non-governmental organizations (NGOs). It is based on several national policy and strategy documents, including the Government's Poverty Alleviation Programme and the Country Strategy Note for Togo developed by the Government and the United Nations. It is formulated in accordance with international population strategies and the harmonized programme cycles of the Joint Consultative Group on Policy (JCGP) in Togo.

3. Togo is classified as a category "A" country under the Fund's new approach for resource allocation. The programme therefore adopts a comprehensive assistance approach that will focus on priority needs in the three UNFPA core programme areas -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy. In order to assist the country in increasing the availability of quality reproductive health services, the proposed programme will help expand such services in the underserved Plateaux region as well as in the Maritime and Kara regions, where UNFPA activities are already being carried out. The geographical focus of these activities is designed to increase the impact of UNFPA assistance. Nationally, the programme would help the country to formulate a national population policy and to improve capacities for managing population programmes. It would work with Government in promoting gender equality and equity.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

5. Togo is one of the poorest countries in the world: per capita gross national product (GNP) declined from $400 in 1992 to $320 in 1994 while the external debt reached $1.3 billion in 1995. The population increased from 1.4 million at Independence in 1960 to 4.1 million in 1995. If the

current annual population growth rate of 3.0 per cent a year is sustained, the country's population will double in the next 22 years. Almost 46 per cent of the population is under 15 years of age. Urbanization is increasing rapidly due to deteriorating economic, social and environmental conditions in rural areas.

6. Women experience discrimination in the areas of health (e.g., harmful traditional practices, subordination to men for fertility regulation), education, politics and economic rights and opportunities. In a largely agricultural society, women suffer a serious disability in that they are not allowed to inherit land. Overcrowded educational facilities and inadequate resources for development programmes make it difficult to address the problems of increasing youth unemployment and juvenile delinquency.

7. The Government recognizes the interconnectedness of population and economic growth, environmental factors and living standards, as evidenced by various declarations in recent years. It subscribes to all international commitments in the area of health. However, Togo has no explicit population policy. The objectives of the National Health Policy are contrasted with the magnitude of the problems it aims to address: continuing high rates of infectious and parasitic diseases; the high maternal mortality rate (420 deaths per 100,000 live-births); the low contraceptive prevalence rate; increasing levels of sexually-transmitted diseases (STDs), including HIV/AIDS (which currently affects about 5 per cent of the population); and poor access to reproductive health services, especially in the underserved Plateaux region.

Previous UNFPA assistance

8. The second country programme cycle, originally approved for 1989-1993, was extended three years because the 1990-1994 crisis disrupted programme implementation. The PRSD mission found that the 1989-1996 programme had contributed to increased levels of awareness, particularly among decision makers and opinion leaders, about population issues and women's rights. In this regard, the UNFPA programme assisted in the establishment of the Ministry of Women's Promotion and Social Protection. Population education programmes were developed at all levels of the educational system, including in 285 out of 300 secondary schools. The maternal mortality rate declined during the period of the programme, and the contraceptive prevalence rate increased from 1.5 per cent in 1991 to 12 per cent in 1995.

9. The PRSD observed, however, that the implementation of population activities in Togo has been hampered by several factors. First among these is the absence of a national population policy. The proposed programme therefore includes activities designed to assist the Government in having such a policy delineated and adopted. The continued existence of the 1920 colonial anti-contraceptive law inhibits family planning sensitization and service delivery. The infrastructure required for successful population programming and donor coordination is weak. The absence of a

strategy for information, education and communication (IEC) activities has handicapped population activities. The PRSD mission also felt that previous UNFPA assistance had not adequately incorporated a holistic approach, being too much oriented towards family planning, to the detriment of other necessary reproductive health components. The mission found that the second country programme had not successfully included community and NGO participation in the formulation and implementation of population projects. The country's lack of capacity for data verification needs to be addressed.

Other external assistance

10. International assistance to Togo has been focused in such areas as health, education and the improvement of the socio-economic status of women. UNICEF's programmes have aimed at reducing maternal and child mortality and preventing infectious diseases in three underserved regions. During the next programme cycle, 1997-2001, the UNICEF programme will focus on increasing access to drinking water; improving the accessibility and quality of primary health care services; fostering education for girls; and community capacity-building. The World Health Organization (WHO) has provided assistance in the development of the national health policy and in the training of traditional birth attendants. In 1996 and 1997 it is working on developing reproductive health norms and standards. The World Bank supports health and educational reforms. The German Gesellschaft für Technische Zusammenarbeit (GTZ) provides assistance for primary health-care, including family planning, services at an urban health centre in Lomé while the European Union has supported small family planning projects and the provision of essential drugs in two regions. The United States Agency for International Development (USAID) withdrew its health-related assistance during 1990-1994, which considerably reduced the availability of family planning services nationwide. USAID returned in 1996 with support for a regional project on family health and AIDS prevention. Since 1975, the International Planned Parenthood Foundation (IPPF) has supported the family planning activities of the Togo Family Welfare Association (ATBEF).

11. The PRSD found that coordination of donor support had not been as effective as it could have been due to the absence of a formal coordinating structure in the Ministry of National Planning. A series of round tables aimed at obtaining financial support from principal donors and for building consensus on sectoral and thematic strategies and programmes is being held between September 1996 and the end of 1997. Donor inputs will be coordinated with proposed UNFPA-supported reproductive health activities, focusing on cost-sharing in the procurement of contraceptives and the establishment of necessary infrastructures. One reason that UNFPA proposes to begin work in the Plateaux region is that it is not currently being covered by any other reproductive health assistance programmes.

Proposed programme

12. The overall objective of the proposed programme is to assist the Government in incorporating a comprehensive reproductive health approach into the primary health care system. Specifically, UNFPA will help establish and/or strengthen reproductive health services in three target regions. At the national level, UNFPA will support the Government in developing a national population policy and in integrating population into all aspects of its development planning process. Population concerns will be addressed in a holistic manner in order to forge intersectoral linkages on such matters as gender concerns, data collection and analysis, and capacity-building. The broad strategy throughout will be to enhance national capacity and to expand the knowledge-base on reproductive health issues. That knowledge-base can then be used by the Government as it directs its attention to such questions as fertility management, adolescent sexual health and increased male involvement in reproductive health, including family planning, decisions. The proposed programme will also assist the Government in making the public more aware of population concerns, including gender issues.

13. Reproductive health. In the area of reproductive health the programme will help to establish and operationalize the reproductive health concept, with emphasis on reducing maternal mortality rates, managing adolescent fertility, promoting women's rights, and increasing male responsibility and participation. These activities will primarily be directed at targeted groups in the rural areas and marginal urban areas of the Maritime, Plateaux and Kara regions. In all areas, there will be a particular focus on the reproductive health needs of adolescents and youth. Specifically, the proposed reproductive health programme will contribute to the achievement of the Government's objectives of a 30 per cent reduction in maternal mortality resulting from pregnancy complications and poor quality of services; increasing the number of basic health units offering family planning services from the present 227 to 400; and increasing contraceptive prevalence from 12 per cent in 1996 to 20 per cent by the year 2001.

14. In order to achieve the above objectives, the programme will undertake an analysis of the health service system, including an assessment of maternal health care (with particular attention to the situation of emergency obstetric facilities) and adolescent reproductive health needs, to facilitate the elaboration of a prioritized reproductive health plan of action. A series of qualitative research studies will be conducted to identify sociocultural impediments to the utilization of reproductive health services and to assess contraceptive prevalence as well as drop-out or discontinuation rates among specific groups. The programme will support the decentralization of the health system, focusing on strengthening the institutional and management capacities in the three targeted regions. The programme will also strengthen the technical, management and absorptive capacities of major national NGOs through provision of appropriate IEC and/or service delivery training and materials.

15. In response to weaknesses in previous IEC efforts, the proposed programme will implement a strategy of working with the Ministry of Communications as the focal point for reproductive health

IEC. In this regard, the programme will contribute to the development of a public awareness programme aimed at target groups, especially men and youth. IEC activities in the reproductive health area will include culturally sensitive messages, including on the subject of female genital mutilation. These messages will be disseminated through various audio-visual materials, as well as through existing traditional and modern communication channels including NGOs, public and private media, market women's associations, youth clubs and adult literacy programmes.

16. Population and development strategies. In the area of population and development the programme focus is to assist the Government in formulating and implementing a coherent national population policy and programme. In this regard, certain strategies are envisioned. These begin with the strengthening of central and regional capacities for population programme formulation, implementation, management, monitoring and coordination. The Fund will concentrate on increasing gender-sensitivity in socio-economic development planning. To build national capacity, the programme will strengthen national managerial capacities and institutional coordination. It will aim to improve the quality and coverage of basic socio-economic and demographic data collection, analysis and validation. In order to increase awareness and change existing perceptions of population matters, the programme will also aim to integrate population education into the curricula of the country's high schools and two teacher-training institutions.

17. The proposed programme will strengthen the institutional and research capacities of the Demographic Research Unit of the University of Benin (which is the national university in Togo) in order to enable it to undertake research in support of national population policy formulation and implementation. Also, the programme will enhance and support national bodies so that they will have the capacity to monitor implementation of the ICPD Programme of Action and the integration of population concerns into development planning. It will work towards the development of a national communications strategy that will help to foster input into the development of the national population policy and then help to disseminate and build popular support following its adoption. The programme will also support NGOs involved in women's promotion and youth activities. In collaboration with other donors, the programme will strengthen the Ministry of Women's Promotion's capacity for policy formulation, programme implementation and intra- and intersectoral coordination. It will also support the census; the establishment of an integrated programme for data collection, analysis, and validation; and Togo's participation in South-South cooperation activities.

18. Advocacy. The programme will assist the Government in its efforts to enlist support and commitment for the promotion of population activities and for the integration of population concerns into national development planning. This will include providing support for research and data analysis to help in understanding the effects, within the Togolese context, of the current law that restricts family planning publicity and service delivery. Advocacy efforts within the programme will also focus on increasing sensitivity to the role that gender equality and equity, as well as women's empowerment, have to play within the country's overall development efforts. These advocacy

activities will also aim to increase the involvement of NGOs, the private sector and civil society in the development, implementation and funding of population-related activities.

19. In order to achieve the above objectives, the proposed programme will assist the Government in developing a national advocacy plan. This plan will be based on the results of sociocultural research and linked with the Government's social development priority of poverty alleviation. Regular discussions will be held with social and political leaders to discuss interrelated developmental issues. Activities will include seminars for local leaders, women's groups and youth associations, as well as media campaigns in collaboration with other development partners and with different organs of the Togolese media.

Implementation, monitoring, evaluation and coordination

20. National execution will be a primary means of programme implementation in that most activities will be carried out by government institutions and national NGOs. In keeping with the Fund's current procedures and guidelines, a range of monitoring and evaluation activities will be undertaken. Annual progress reports will be submitted on all project activities. Field monitoring visits will be carried out to assess progress and improve programme implementation. In order to ensure continuous exchange of information and ideas, managers of all UNFPA-assisted activities will continue to participate in all project review meetings carried out with the Government, NGOs and UNFPA. Managers of UNFPA-assisted activities and representatives of JCGP partners will meet semi-annually to discuss progress and constraints. Workshops on UNFPA's programmatic and financial procedures will be organized on an annual basis for those involved in the management of UNFPA-assisted projects. Technical assistance will be furnished as necessary by the Country Support Team headquartered in Dakar, Senegal. A mid-term country programme review will be undertaken during the second half of 1999 to assess implementation progress and problems and to make necessary adjustments.

Recommendation

21. The Executive Director recommends that the Executive Board approve the programme of assistance for Togo as outlined above, in the amount of $7 million over the period of 1997-2001, $6 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Angola

Proposed UNFPA assistance: $15 million, $9.6 million from regular resources and $5.4 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	7.4	3.1	10.5
Population & development strategies	1.8	2.3	4.1
Advocacy	.4	-	.4
Total	9.6	5.4	15.0

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ANGOLA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	15.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	1.6	≥55
Access to basic health services (%)[3]	30.0	≥60
Infant mortality rate (/1000)[4]	124.0	≤50
Maternal mortality rate (/100,000)[5]	650.0	≤100
Gross female enrolment rate at primary level (%)[6]	45.8	≥75
Adult female literacy rate(%)[7]	28.0	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	11,072
Population in year 2000 (000)	13,074
Sex ratio (/100 females)	97.5
Per cent urban	32.2
Age distribution (%)	
Ages 0-14	47.1
Youth (15-24)	18.6
Ages 60+	4.6
Percentage of women aged 15-49	43.4
Median age (years)	16.4
Population density (/sq. km.)	9
Annual population growth rate (%)	3.3
Urban	5.6
Rural	2.1
Crude birth rate (/1000)	48.4
Crude death rate (/1000)	16.9
Net migration rate (/1000)	1.7
Total fertility rate (woman)	6.69
Life expectancy at birth (years)	
Males	47.4
Females	50.6
Both sexes	49.0
GNP per capita (U.S. dollars, 1994)	348

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a period of four years, starting in January 1997, to assist the Government of Angola in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $15 million, of which $9.6 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $5.4 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance to Angola.

2. The proposed programme takes into account the lessons learned from UNFPA's past programmes, as well as the current political situation and the conclusions of the programme review and strategy development (PRSD) process, which was carried out with the complete participation and involvement of the Government, conducted by nationals with some assistance from UNFPA regional advisers, and benefited from collaboration with other national and international partners. The proposed programme supports government priorities and will complement inputs from other donors. It is harmonized with the programme cycles of UNDP and UNICEF.

3. In light of the devastating damage to Angola's socio-economic infrastructure as a result of civil strife, the UNFPA programme will contribute towards a national relaunching of the development process focusing on expansion of and increasing demand for reproductive health services. The Fund will concentrate its efforts in expanding and improving these reproductive health services in six of the country's provinces, which include about half of the population. Nationally, the proposed programme aims to create a better understanding and integration of population and gender issues into Angola's development planning process.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be carried out in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

5. There has been gradual change in government attitudes toward population issues in Angola, from one of laissez-faire at the time of Independence, to increasing concern by the mid-1980s about the negative impacts of population growth, to a commitment by the early 1990s to formulate and adopt an explicit national population policy. After the shift to a multi-party political system and a free-market economy in 1991, development plans and programmes began to address various population concerns. They were never implemented, however, due to the resumption of hostilities in 1992 and the necessary reversion to emergency programmes.

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6. After Independence in 1975, armed conflict began between the Government and opposing factions, leading to a long period of deterioration in the national economy. The last two years of civil war inflicted incalculable damage on the socio-economic infrastructure. The signing of the Lusaka Peace Protocol in November 1994 finally allowed the Government to turn its attention to the revival of the national economy, reconstruction of socio-economic infrastructures and the eradication of poverty. To address those priorities, the Government in 1995 prepared a community rehabilitation programme, underlining the importance of community participation and the decentralization of the development process.

7. After Independence, the Government had established social and health programmes at community level, which had a positive impact on some of the country's health and educational indicators. Civil strife, the socio-economic crisis and the resulting rural-urban migration, however, had a devastating impact on all social programmes. Overall school enrolment declined to 32 per cent and was much lower for girls. The constant inflow of displaced persons weakened traditional social systems. In particular, it decreased the status of women in urban areas, where there were increasing numbers of illiterate women who often became heads of households.

8. The Angolan population has high fertility and growth rates, extremely high mortality rates, a high rate of urbanization, and extreme youthfulness. High fertility is primarily determined by the lack of availability, and low quality, of family planning services, as well as by a cultural system favouring large families and early age for marriage and child-bearing. That in turn is linked to high infant mortality and low educational attainment, especially among women. Health indicators are among the worst in sub-Saharan Africa. Maternal mortality is very high, averaging 650 per 100,000 births according to United Nations estimates, with indications that it may be considerably higher in some areas. Meanwhile, 85 per cent of deliveries are conducted with no assistance from qualified personnel, due to poor services and cultural factors. The need for adolescent reproductive health care is urgent: in Luanda an estimated 40 per cent of illegal abortions and 25 per cent of maternal deaths are among girls less than 20 years of age.

9. Following the resumption of civil war in 1992, 70 to 80 per cent of health facilities in Government-controlled areas were destroyed, displacing or killing most health personnel. The few facilities that remain are concentrated in the cities. A reproductive health programme, as defined by ICPD, does not exist in Angola; however, different programmes within the Ministry of Health are directed to many related priority areas. The contraceptive prevalence rate was less than 2 per cent in 1994, and maternal and child health and family planning (MCH/FP) services are available in only about 120 health units, concentrated in provincial capitals and nearby municipalities, and they offer a limited variety of family planning methods.

Previous UNFPA assistance

10. With ICPD goals far from attainment, Angola remains in great need of UNFPA assistance and has been the recipient of progressively increasing funding support since 1978. The third country programme, approved for the period 1991-1995 for $8.5 million, was designed to assist the Government in the development of a population policy, the expansion and integration of improved quality MCH/FP services, and the introduction of population and family life education in the formal educational system and into the outreach activities of mass organizations. Following a mid-term review in early 1994, the programme's objectives were considered to remain relevant, but, due to uncertainty about the country's future, the programme was extended through 1996.

11. In spite of prevailing conditions, the past programme registered some important achievements. UNFPA assistance substantially contributed to the expansion and improvement of national MCH/FP services in ten provinces by integrating such services into 120 service points; the elaboration of an in-service training curriculum for service providers; the training of almost 500 service providers; and the strengthening of the technical skills of central and provincial managers. Adolescent issues have begun to be addressed by incorporating family life education in four different subjects in four secondary school grade levels and through a pilot adolescent counseling initiative, in Luanda, based on peer promotion.

12. Due to the lack of trained nationals in the areas of data collection and population and development, the third country programme supported improving the technical qualifications of national professionals from different institutions and incorporating demography into the curricula of seven university faculties. In addition, UNFPA supported the analysis of a regional census carried out in the 1980s that provided useful information on the social and demographic characteristics of the Angolan population. The establishment of a university training centre and the creation of a new unit in the Ministry of Planning were among the new elements put in place to prepare the groundwork for an explicit population policy. Although achievements were modest, the increased awareness among political leaders about the role of population in achieving sustainable development and the somewhat improved availability of demographic and socio-economic data are largely attributable to UNFPA support.

13. One of the lessons that emerged clearly from the past programme was that, due to the country's large size, complex needs and multiple donors, focusing UNFPA assistance in certain priority provinces would increase the probability of programme impact and effectiveness. That could be reinforced by strengthening management and technical capacities at the provincial level. Previous assistance underlined the importance of national ownership, which can be secured by the active involvement of national counterparts at the provincial as well as at the central level. Flexibility in programme design is also a requisite in order to accommodate possible changes in the national

situation. The weakness of the national health network requires the exploration of innovative alternative channels for the delivery of reproductive health services, including the increased involvement of non-governmental organizations (NGOs) in new initiatives.

Other external assistance

14. Due to the prevailing emergency situation during the last four years, the country receives a considerable amount of external assistance for emergency programmes from both multilateral and bilateral donors. The few donors contributing to the population area include UNICEF, the World Bank, Swedish International Development Cooperation Agency (Sida), and some international NGOs. Although most of UNICEF's support is provided within an emergency context, it does provide assistance for maternal health and for combating AIDS and sexually transmitted diseases (STDs) as well as some support for promoting the welfare of women and for girls' education. The World Bank has financed several projects to improve the delivery of primary health care services, including family planning. Sida is a major donor in the areas of maternal health, AIDS control and improving the status of women.

15. UNFPA is seen in Angola as a lead agency in the area of population. During the past programme cycle, for example, contributions of the World Bank and Sida in the areas of family planning, adolescent reproductive health issues and population policy were channeled through UNFPA. In implementing the proposed programme, UNFPA will continue to take into account the inputs of other United Nations agencies and donors and will continue to build on its years of experience in the country in maternal health and family planning, sensitization on issues of population and reproductive health, integration of population issues into the planning process, and formulation of population action plans and policies.

Proposed programme

16. Due to the magnitude of the country's health problems, the proposed programme will give strong priority to reproductive health. Interventions in other areas will be designed to reinforce the activities of the main focal area and to establish solid bases for a future comprehensive national population programme. While the proposed programme will continue to have a national focus for some activities, its main efforts will target six selected provinces. This proposed approach would provide a better focus on specific regional and provincial issues and needs, accommodate future changes in the political situation and the peace process, and ensure the integration of population issues within the provincial community rehabilitation programmes. The Fund will use its regular resources, especially in the reproductive health area, to play a catalytic role in identifying and assisting the Government to test innovative approaches on a small scale in selected provinces or municipalities. These initial demonstrations are expected to attract additional resources from other donors for a national population programme.

17. Therefore, the proposed programme would assist the central and provincial governments to increase the availability and use of good-quality reproductive health services in six provinces and to establish the basic prerequisites for implementing provincial population programmes, and for a better understanding and integration of population and gender-related issues within the development planning process. As one strategy in achieving this, UNFPA will support the development of "Provincial Population and Development Committees" to coordinate community rehabilitation and population programmes at the provincial level. In implementing the provincial programmes, the different activities will be phased in gradually, building from the most simple to the most complex interventions.

18. Several criteria, including possible risk factors, were used to determine the selection of the six provinces where the Fund proposes to concentrate its activities. Those factors included post-war security status, institutional and local capacities, accessibility, population size and distribution, and reproductive health status. The six provinces thus identified are Benguela (population 1.4 million), Huíla (1.2 million), Kwanza Sul (830,000), Huambo (1.3 million), Bié (820,000) and Malanje (750,000). Thus, the proposed country programme would be concentrated in provinces containing about half of the country's 12 million inhabitants.

19. Reproductive health. Due to the magnitude of women's reproductive health issues, the proposed programme will give high priority to helping address the high fertility and maternal mortality rates. A main strategy for tackling these issues will be to address questions of adolescent reproductive health in order to reduce the high level of unprotected sexual relations among this group, which results in a large number of postnatal and post-abortion deaths. Regarding the delivery of reproductive health services, the programme will focus on improving the limited availability of services outside urban centres; the overall low quality of reproductive health services, including care at delivery; the lack of trained personnel and weak management capacity; and the weak demand for reproductive health services due to sociocultural factors.

20. The proposed programme will assist in increasing the contraceptive prevalence rates in the six provinces of UNFPA intervention from a current level of about 3 per cent to 7 per cent by the end of the programme. To do so, it will maintain and expand the MCH/FP services in the existing 120 service points, 80 of which fall outside the six provinces, while establishing at least 53 more integrated reproductive health service delivery points, including peripheral maternities, to ensure at least one delivery point in all 70 municipalities in the six provinces. The proposed programme will support pilot testing of alternative distribution channels for contraceptives by training community based agents and traditional birth attendants in rural areas. In addition, due to the magnitude of STDs, including HIV/AIDS, in urban areas, the programme will pilot test the social marketing of condoms in Luanda.

21. Beyond helping to increase the number of reproductive health service points, the proposed programme will also work to improve the quality of the services being provided. This will mean standardizing reproductive health service delivery by helping to establish and/or revise delivery policies, norms, training curricula and referral systems. Qualified provincial trainers will provide courses to strengthen service-provider skills and knowledge. Programme management will be improved through the provision of technical assistance. Certain necessary contraceptives, drugs, and other supplies will also be made available.

22. To encourage a behavioural change towards reproductive health issues and to increase the demand for and use of reproductive health services, the programme will promote creation of the necessary conditions for a national information, education and communication (IEC) programme addressing reproductive health and population issues and conduct studies on the cultural factors influencing reproductive behaviours and the use of reproductive health services. The programme will target increasing the awareness and use of reproductive health services, mainly in the selected provinces, through such channels as the mass media, community-based agents, the health network, and by establishing post-abortion and post-partum counseling. These activities will be carried out in collaboration with national and international NGOs.

23. To address adolescent and youth needs, the programme will pilot test promoting responsible behaviour among adolescents through a peer approach by establishing counselling centres with reproductive health services especially designed for adolescents as well as sensitizing and training health personnel to address adolescent needs adequately. After sufficient testing in Luanda, the experience could be extended to other cities. Moreover, the programme will help institutionalize population and family life education within the formal education system by supporting the incorporation of these subjects into school curricula at primary and pre-university level and in the pre-service curricula of institutions involved in training teachers, social workers and mass media specialists.

24. Population and development strategies. In the area of population and development strategies, the programme will help the Government to formulate a national population policy and in pursuing a national plan for the advancement of women. It will also assist in developing a national cadre of professionals trained in population, gender and development, and data collection and analysis. This will strengthen national capacities to collect, analyse and utilize reliable data and statistics, using a gender-sensitive approach. Relevant government institutions (the Ministry of Planning and the Secretary of State for the Promotion of Women) will be strengthened, and technical conditions will be created to formulate, coordinate and execute action plans and policies in population and gender-related areas. The Fund will also provide some assistance for preparations for the future census. Available population and socio-economic data will be made more accessible for planning purposes, especially in the selected provinces.

25. Advocacy. As part of the proposed programme, UNFPA will assist the Government in addressing its concerns about gender inequality and inequity and the lack of awareness of population issues. The Fund will assist the Government in its efforts to increase understanding of the value of a national population policy and a national strategy for the advancement of women among the country's decision makers as well as among the general public. One of the strategies that will be used to accomplish these goals is to help the Government in its efforts to enhance the quality and availability of demographic and socio-economic data so that policy makers can be made more aware of the country's population and reproductive health needs.

Programme implementation, monitoring, evaluation and coordination

26. The proposed programme will be mainly executed by national counterparts assisted, as needed, with technical expertise from external sources. The different sub-programmes will be executed by central and provincial governments and national NGOs with the assistance of UNFPA, other United Nations agencies and international NGOs. Overall coordination will be the responsibility of the Ministry of Planning. The proposed programme is harmonized with the cycles of UNDP and UNICEF programmes, which will all start in 1997. In addition, the proposed programme will promote closer coordination with other donors in the area of population for a better use of human and financial resources.

27. Monitoring and evaluation will be carried out in accordance with the UNFPA guidelines, including annual project reports and review meetings with the managers and executing agencies of related projects. In addition, under the leadership of the Ministry of Planning, all managers of UNFPA-funded projects will constitute a country programme senior management team, which will meet every trimester to review workplans, evaluate progress and make future plans. A mid-term review will be scheduled for early 1999. The programme will be substantively monitored by advisers from UNFPA Country Support Teams, UNFPA headquarters and other competent bodies.

Recommendation

28. The Executive Director recommends that the Executive Board approve the programme of assistance for Angola, as presented, in the amount of $15 million over the period 1997-2000, of which $9.6 million would be programmed from UNFPA's regular resources, subject to their availability. The balance of $5.4 million would be sought from either multi-bilateral sources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Lao People's Democratic Republic

Proposed UNFPA assistance: $6.0 million, $5.2 million from regular resources and $800,000 from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Second

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	3.5	.8	4.3
Population & development strategies	1.0	-	1.0
Advocacy	.7	-	.7
Total	5.2	.8	6.0

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96-37909 (E)

LAO PEOPLE'S DEMOCRATIC REPUBLIC

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	20.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	9.0	≥55
Access to basic health services (%)[3]	67.0	≥60
Infant mortality rate (/1000)[4]	97.0	≤50
Maternal mortality rate (/100,000)[5]	300.0	≤100
Gross female enrolment rate at primary level (%)[6]	64.0	≥75
Adult female literacy rate(%)[7]	40.9	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	4,882	Annual population growth rate (%)	2.8
Population in year 2000 (000)	5,602	Urban	5.7
Sex ratio (/100 females)	97.2	Rural	1.9
Per cent urban	21.7	Crude birth rate (/1000)	40.6
Age distribution (%)		Crude death rate (/1000)	13.2
Ages 0-14	44.8	Net migration rate (/1000)	0.0
Youth (15-24)	18.2	Total fertility rate (woman)	6.03
Ages 60+	4.8	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.1	Males	52.0
Median age (years)	17.6	Females	55.0
Population density (/sq. km.)	21	Both sexes	53.5
		GNP per capita (U.S. dollars, 1994)	320

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the four-year period 1997-2000 to assist the Government of the Lao People's Democratic Republic in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6 million, of which $5.2 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $800,000 from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's second programme of assistance to the Lao People's Democratic Republic.

2. The proposed programme has been developed in close collaboration with national authorities, non-governmental organization (NGOs) and the donor community. The programme takes into account the Lao People's Democratic Republic's Five-Year Socio-Economic Development Plan for 1996-2000, other policy statements of the Government and the Country Strategy Note (CSN) for 1996-2000 agreed upon between the Government and the United Nations system. It is based on the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise that was undertaken in August 1996. The proposed programme cycle is in harmony with that of the country's five-year development plan and is synchronized with the programme cycle of the sixth UNDP country programme (1997-2000).

3. Under the proposed programme, UNFPA will assist the Government in human resource training and institutional building in order to increase the national capacity to implement quality reproductive health services in a total of 103 districts out of 133 districts. The programme will also assist the Government in strengthening its capacity to formulate a national population policy and integrating it into national development plans and will support efforts in reducing social disparities on the basis of gender and ethnic group.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Human welfare indicators for the Lao People's Democratic Republic are among the lowest in the subregion. The country is classified in category "A" according to UNFPA's new approach for resource allocation. Average life expectancy is 53 years. Lao children average less than three years of schooling (males 3.6 years, females 2.1 years). Over one-third of adults are illiterate -- 35 per cent of men and 41 per cent of women. One-half to three-quarters of the people have no access to sanitation or safe drinking water. The annual per capita gross national product (GNP) is only $320.

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6. According to United Nations estimates, the population of the Lao People's Democratic Republic was 4.9 million in 1995, growing at a rate of 2.8 per cent a year. The country's Five-Year Socio-Economic Development Plan (1996-2000) aims at maintaining the population growth rate at 2.4 per cent. The crude birth rate, crude death rate, infant and maternal mortality rates remain well above the average for other Southeast Asian countries. The desired number of children is 4.2, but the total fertility rate is considerably higher (6.03), indicating a large unmet demand for family planning services. The Lao People's Democratic Republic's population structure has a very broad base with about 45 per cent aged less than 15 years. The nation's population is expected to double within 27 years.

7. In the Lao People's Democratic Republic, poverty has many faces, geographically, ethnically and in terms of gender. The prevalence of poverty adversely affects people's abilities to fulfill their basic needs in the fields of health and education. In rural areas, about 70 per cent of people do not have access to health services within 3 kilometres. In urban areas, most people do have access to nearby health facilities, but only about 22 per cent of Laotians live in towns or cities. Only 20 per cent of all deliveries are attended by medical personnel. All other deliveries are performed by traditional birth attendants (TBAs), family members and relatives.

8. The results of a 1995 fertility and birth-spacing survey show that 41 per cent of currently married women stated that they would like to curtail childbearing, and 23 per cent stated that they would like to lengthen their birth intervals in order to plan their families according to their household income. Contraceptive use is very low in the Lao People's Democratic Republic: only 9 per cent of currently married women aged 15-49 use a contraceptive method. There are regional, rural/urban and socio-economic disparities in birth-spacing practices. Birth spacing is highest in the central region, which is more prosperous than the southern and mountainous regions, where it is very low. Birth spacing is also less practiced among the uneducated and among women involved in agriculture.

Previous UNFPA assistance

9. Early activities supported by UNFPA included support for census activities between 1972 and 1976; support for establishing a system of demographic and statistical data collection during 1980-1982; assistance to the 1985 population census; and support for maternal and child health services and birth spacing in two clinics of Vientiane. Although this assistance provided much needed population data, the utilization and dissemination of the data for policy formulation and development planning was lacking. A further weakness in the quality of data was the failure to disaggregate the information by gender.

10. The first country programme (1993-1996) was funded in the amount of $3.5 million for a birth-spacing programme, the integration of population factors into development planning, and population education. UNFPA provided support to birth-spacing services in selected districts in 13

provinces, equipped three training centres for maternal and child health staff, and trained about 3,800 Lao Women's Union village volunteers. UNFPA assistance for training for the birth-spacing programme and for the population field contributed to national capacity-building and the strengthening of national institutions. A knowledge, attitudes and practices (KAP) survey funded by UNFPA provided the first national representative data on contraceptive prevalence, knowledge and sources of supplies.

11. Several important lessons were drawn from the first country programme. Firstly, supporting birth-spacing activities was a positive approach in the context of gaining national support and recognition for population concerns. It also facilitated the development of an infrastructure to provide reproductive health services. Secondly, the phased expansion of the programme ensured that resources were utilized efficiently while gradually developing capacity at the district level, thereby promoting sustainability. Thirdly, the implementation of the programme through mass organizations, such as the Lao Women's Union, was an effective approach to reaching the community.

12. The Lao People's Democratic Republic does not have an official population policy though some basic principles and elements of a population programme and strategy are contained in its Constitution, in political reports to the Fifth and Sixth Party Congresses and in the Five-Year Development Plan. There is a political commitment that population growth should correspond with economic growth. The experience gained in this area reveals the need to assign a high priority to advocacy activities and the importance of developing a mechanism that will promote population concerns in the country.

13. Overall, the Fund's experiences have been positive in terms of raising public awareness and publicizing the importance of population and development issues. The shortage of trained staff along with inadequate infrastructure facilities to provide health and birth-spacing services continue to remain serious concerns that will be addressed during the second country programme. In addition, the shortage of contraceptives to meet the high level of unmet demand is another crucial area that will receive UNFPA support.

Other external assistance

14. Some United Nations agencies, bilateral donors and NGOs are providing support to various health and social development projects. UNICEF and the World Health Organization (WHO) are providing support for capacity- building, district health system development, women's empowerment, and improving primary health care services. UNDP is supporting infrastructure and human resource development and AIDS prevention and education.

15. The Asian Development Bank (ADB) has supported such primary health care activities as the construction of health centres and furnishing medical equipment and supplies. The World Bank

is providing assistance for the construction of health centres, provision of medical equipment and supplies, and for training health staff. The Japanese and Swedish Governments and the German Gesellschaft für Technische Zusammenarbeit (GTZ) are also assisting primary health care programmes, including for the prevention of HIV/AIDS. Australia has supported a maternal and child health project in one province.

16. Among international NGOs, the Japanese Organization for International Cooperation in Family Planning (JOICFP) is supporting primary health care activities. The Save the Children Fund (SCF) of Australia is assisting in manpower development to improve maternal and child health. SCF (United Kingdom) is providing assistance to human resource development, training and equipment. Care International has supported an information, education and communication (IEC) project to identify risk behaviours among some disadvantaged groups.

17. UNFPA is the lead funding agency in the population sector in the Lao People's Democratic Republic. UNFPA's assistance to population and the birth-spacing programme is crucial since no other major source of assistance is available in this area. The Fund has gained strong credibility among other donors because of its close working links with the Government and mass organizations at the community level. It is in a unique position to assist the Government in moving towards the full integration of population concerns into the national development plan.

Proposed programme

18. The goals of the Lao People's Democratic Republic's Five-Year Development Plan are to maintain the population growth rate at 2.4 per cent and to reduce the infant mortality rate to 73 per 1,000 and maternal mortality to 225 per 100,000 live births by the year 2000. UNFPA's proposed programme will focus on assisting the Government in achieving its goals through strengthening reproductive health services, building institutional capacity at all levels and supporting advocacy efforts to promote population programmes. The Fund will also assist the Government in coordinating donor activities in the population field.

19. Sub-programme planning will focus on the three core areas of reproductive health, including family planning and sexual health; population and development strategies; and advocacy. To ensure consistency and complementarity the three core areas will be addressed simultaneously in order to reinforce each other. For instance, advocacy will play a key role in reproductive health by creating awareness on the importance of birth spacing for reducing maternal mortality as well as empowering youth to help combat major reproductive health problems like sexually transmitted diseases (STDs), including HIV/AIDS. Population and development strategies will also be coordinated with reproductive health programme planning through research and analysis into specific reproductive health issues (e.g., maternal mortality, unsafe abortion and gender disparities).

20. Reproductive health. Within the reproductive health area, the proposed programme will assist the Government in providing access to reproductive health services to 80 per cent of the population. The programme will address the issue of unmet need for such services, including birth spacing, by supporting a gradual expansion of quality reproductive health services in 103 districts as part of the primary health care programme. The referral system will be developed by using the district as a focal point to coordinate reproductive health care services, including those addressing STDs and the management of complications due to induced abortion. These activities should contribute towards reducing maternal mortality. UNFPA will also provide assistance for birth-spacing services to disadvantaged groups and adolescents.

21. In order to strengthen the institutional capacity of the major national agencies involved in the population and reproductive health fields, UNFPA will provide technical support for training staff in various ministries, institutes and mass organizations, such as the Ministry of Health, the Institute for Maternal and Child Health, Institute of Economic Research, State Planning Committee, the National Statistical Centre, and the Lao Women's Union. Technical assistance will also be provided to these institutes to help them conduct research studies and to analyse, disseminate and utilize their findings on population and reproductive health.

22. To increase awareness, knowledge and understanding among the general population on emerging sexual and health issues (such as STDs and HIV/AIDS), UNFPA will assist in developing appropriate, culturally acceptable IEC materials and strategies for specific groups such as ethnic populations, adolescents, and potential birth-spacing acceptors, focusing especially on male responsibility. Also, in collaboration with the National Commission for the Control of AIDS and with UNAIDS, UNFPA will assist in the formulation of a national strategic plan for the prevention of STDs, including HIV/AIDS, and help develop appropriate IEC strategies and train health officials in methods of control and prevention of STDs.

23. UNFPA will assist the Lao Youth Union to play an advocacy role through an appropriate IEC campaign and training in preventing HIV and STDs to out-of-school youth through the non-formal education system. For in-school youth, UNFPA will continue to support the Ministry of Education, in collaboration with the Ministry of Health, in promoting population education within the formal education system.

24. Population and development strategies. The proposed programme will assist the Government in formulating and integrating population and gender issues into the national development plan. UNFPA will provide technical assistance to various ministries and institutions in order to overcome the shortage of national expertise and to strengthen existing capacities to undertake research and data collection as well as to analyse and utilize the results. Research areas that will receive UNFPA support include the specific reproductive health needs of adolescents and disadvantaged groups,

gender disparities and maternal mortality. Training in research and data collection will focus on activities that emphasize disaggregation by gender.

25. Advocacy. In view of the importance of population issues in the Lao People's Democratic Republic, UNFPA will assist the Government in establishing a national mechanism to promote population programmes and to play an advocacy role on population and development planning. This will include support to the Government in promoting reproductive health education, including on birth spacing and sexual health, by initiating a series of high-level national seminars and discussion groups reflective of the ICPD Programme of Action. The Fund will also support student forums and other means for popular participation to enable the public to understand population and development issues. UNFPA support will focus especially on enhancing the technical capabilities of service providers, who are often agents for change, to undertake various advocacy actions in their own regular activities and programmes.

26. In order to promote gender equality and equity, the Fund will support the Lao Women's Union in improving managerial capacities at central, provincial and district levels. The Lao Women's Union will be a focal point for advocacy efforts directed towards empowering women. The Lao Women's Union has the authority to make policy- and programme-level recommendations for reducing gender disparities within sectoral ministries' planning and policies. To reduce gender disparity in education, UNFPA will support advocacy efforts aimed at encouraging girl-child education as well as encouraging male participation and responsibility in birth-spacing programmes.

Implementation, monitoring, evaluation and coordination

27. The proposed programme will be executed and implemented by the Government and national and international NGOs and will call upon United Nations organizations and specialized agencies for their technical support. UNFPA execution will be concentrated in the area of procurement, especially for the reproductive health programme. The Ministry of Health will implement activities in the area of reproductive health to be assisted by other sectoral ministries. The State Planning Committee will be the implementing agency for the population policies and development strategies theme area. The Lao Women's Union, Youth Union and Ministry of Education will implement various advocacy activities. The State Planning Committee is the focal point for the coordination of population programmes in the country. Given the lack of skilled personnel in the Lao People's Democratic Republic, UNFPA will provide training in programme management, coordination, monitoring and evaluation to the staff.

28. At the start of 1999, a mid-term review will be carried out to look into the achievements or weaknesses of the programme. In line with UNFPA guidelines and following the ICPD principles, goals and threshold indicators, a combination of quantitative and qualitative indicators will be used to monitor and evaluate the second country programme. In addition, each core area will have annual

tripartite project reviews, during which the annual work plan and implementation status of the projects will be reviewed and modified, if necessary.

Recommendation

29. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Lao People's Democratic Republic, as presented, in the amount of $6 million over the period 1997-2000, $5.2 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $800,000 would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Namibia

Proposed UNFPA assistance:	$6.1 million, $3.6 from regular resources and $2.5 from multi-bilateral and/or other, including regular, resources
Programme period:	4 years (1997-2000)
Cycle of assistance:	Second
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.0	1.8	3.8
Population & development strategies	1.1	.7	1.8
Advocacy	.5	-	.5
Total	3.6	2.5	6.1

/...

NAMIBIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	68.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	29.0	≥55
Access to basic health services (%)[3]	72.0	≥60
Infant mortality rate (/1000)[4]	60.0	≤50
Maternal mortality rate (/100,000)[5]	370.0	≤100
Gross female enrolment rate at primary level (%)[6]	78.0	≥75
Adult female literacy rate(%)[7]	52.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*

[4] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	1,540	Annual population growth rate (%)	2.6
Population in year 2000 (000)	1,752	Urban	5.3
Sex ratio (/100 females)	99.0	Rural	0.8
Per cent urban	37.4	Crude birth rate (/1000)	35.1
Age distribution (%)		Crude death rate (/1000)	9.2
Ages 0-14	41.9	Net migration rate (/1000)	0.0
Youth (15-24)	19.5	Total fertility rate (woman)	4.90
Ages 60+	5.8	Life expectancy at birth (years)	
Percentage of women aged 15-49	46.6	Males	60.0
Median age (years)	18.9	Females	62.5
Population density (/sq. km.)	2	Both sexes	61.3
		GNP per capita (U.S. dollars, 1994)	2,030

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Namibia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.1 million, of which $3.6 million would be programmed from regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed four-year programme would be UNFPA's second cycle of assistance to Namibia.

2. The proposed programme was prepared in collaboration with national authorities and non-governmental organizations (NGOs). It takes into account the recommendations of the 1996 programme review and strategy development (PRSD) exercise in Namibia, the Government's overall objectives in population and development as reflected in numerous policy documents, including its poverty alleviation programme, and the harmonized programme cycles and other relevant programme documents of the members of the Joint Consultative Group on Policy (JCGP) and other international and bilateral donors and organizations in the field of population, gender and development. The Country Strategy Note will provide the overall framework for the proposed programme, and a programmatic approach will be followed.

3. The programme aims to help the Government implement a focused, coordinated population programme at the central and regional levels within the context of the National Population Policy, once adopted. To that end, it will assist the Government in integrating population, gender and youth issues into national and sectoral plans, policies and programmes. It will also provide direct assistance to strengthen the human resource and institutional capacity of the Government and NGO partners to provide quality reproductive health, including family planning and sexual health, services for the majority of the population, especially for youth and adolescents. Assistance in developing quality reproductive health services will be focused on the regions most in need, in the north of the country.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in resolution 49/128.

Background

5. Namibia has been classified as a group "B" country under UNFPA's new approach for resource allocation. With a gross domestic product (GDP) of $2.1 billion and a per capita gross national product of $1,610 (1992), Namibia is ranked in the "middle-income" category of countries. Moreover, the nation has progressed towards achieving a number of goals set by the ICPD: 78 per

cent of girls are enrolled in primary schools, 72 per cent of the population has access to health services, and 68 per cent of births are attended by health personnel.

6. But not all of Namibia's social and economic indicators are so positive. Most of the wealth in this post-apartheid society is concentrated in the hands of a small part of the population, and over 20 per cent of the labour force is unemployed. Access to reproductive health services varies significantly from region to region; only 46 per cent of the population has ready access to such services in the north, for example, compared to 100 per cent in the central area and 85 per cent in the south. The northern area, where services are most lacking, is also the most densely populated part of the country, with over 70 per cent of the population concentrated there. Service quality is hampered by a shortage of trained health providers, particularly in rural areas, and by a contraceptive method mix largely confined to pills and injectables. Maternal and infant mortality rates are higher than ICPD threshold levels, while the contraceptive prevalence rate is lower, and the nation ranks among the top 10 countries in the world in terms of percentage of population infected with HIV.

7. Although the Constitution prohibits discrimination on the basis of sex, women's full participation in the nation's social and development process is hampered by legal and customary discriminatory practices, which include preference for boys over girls in school enrolment and laws that limit inheritance to males. Only 43 per cent of girls admitted to primary school complete grade 7, and only 14 per cent complete secondary school; pregnant students are typically expelled from school. In 1992, Namibia ratified the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). In 1996, the Government proposed the Married Persons Equality Act, which provides legal guarantees against various forms of inequity faced by women in marriage, but legislative enactment is still pending.

Previous UNFPA assistance

8. UNFPA's first country programme (1992-1996) was approved in the amount of $4.5 million, which the Executive Board later supplemented with an additional $3.7 million, including an earmarked contribution from Denmark. The programme benefited from multi-bilateral funds received from Finland, Luxembourg, Norway and Sweden. The programme was successful in increasing awareness of the links between population and development and helped lay the foundation for Namibia's National Population Policy for Sustainable Human Development. UNFPA support also facilitated the establishment of a maternal and child health and family planning (MCH/FP) unit in the Ministry of Health and Social Services, as well as the drafting of a Safe Motherhood Plan of Action and the approval of a family planning policy. Service providers were trained in MCH/FP management skills and clinical techniques, including the use of an expanded range of contraceptives. Partly as a result of such activities, health facilities offering family planning services increased from virtually none to 93 per cent, and those offering reproductive health services increased from none to 63 per cent. In addition, the training of traditional birth attendants in clinical referral, coupled with the provision

of logistical support, has apparently led to some reduction in maternal mortality in the northern areas. Reproductive health and family life education and gender concerns were successfully introduced into the formal school curriculum.

9. The programme highlighted the importance of allocating sufficient time and resources when undertaking a major population exercise. Namibia had never before staged a census and therefore had limited human capacity in the areas of data collection and analysis. Thus, though the programme's census project was technically well-designed, the budget and the time-frame proved unrealistic, a situation that was exacerbated by governmental restructuring and downsizing.

10. Problems encountered in implementing IEC goals underlined the need for a national IEC strategy, rather than ad hoc activities. Such a strategy should not merely create awareness, but also encourage attitudinal and behavioural changes. Sociocultural and audience research was needed to identify issues, and teacher training in population education was needed to dispel the teachers' discomfort in dealing with sensitive issues. The lesson learned was that ambitious programme goals must be balanced with pragmatic planning and appropriate sequencing of support operations.

11. A project aimed at empowering young people to protect their reproductive and sexual health proved the advantages of planning and implementing activities in collaboration with, and on the terms of, the intended beneficiaries. Young people successfully educated their peers on reproductive health matters via telephone counselling and regional drama performances. Peer education is especially useful in a situation like Namibia's, where health care providers do not always respond to the counselling and reproductive health needs of young people in a non-judgmental manner.

12. The approval of the nation's first National Population Policy for Sustainable Human Development in November 1996 showed that the process of consensus-building in the formulation of national policies is vital in heightening awareness among a wide spectrum of a nation's citizens. In Namibia, such consensus-building enabled the policy to be widely accepted, thus avoiding the need for long debates before its approval.

13. Although programme implementation was constrained by a lack of technical and managerial capabilities, the success of some projects underscored the importance of carefully selecting experts and national project staff, and training that staff at every opportunity. This, it was discovered, leads to increased commitment, an enhanced understanding of issues and improved networking efforts, which in turn contribute to project success.

14. In the area of gender, population and development, project implementation was hampered by the low status of women, due to deep-rooted sociocultural factors, as well as a lack of enforcement of existing laws, an absence of implementing legislation for progressive provisions of the Constitution, and institutional and managerial problems exhibited by the main implementing agency. Lessons

gleaned from these experiences include the following: Government commitment is essential, and full examination of the capacity of implementing structures should be carried out prior to the commencement of activities. Another lesson learned was the value of sensitizing and empowering influential women and men at the grass-roots level via community-based organizations, so they and their communities can communicate their reproductive health needs to service providers and local decision-makers.

Other external assistance

15. Three leading bilateral donors, namely Finland, the European Union and Oxfam (United Kingdom), have contributed to Namibia's integrated health programme in the amounts of $17.5 million (1991-96), $14 million (1995-1998) and $2.1 million (1991-1996), respectively. These financial resources were devoted primarily to human resource development, institutional capacity-building and capital development. Future levels of commitment from these donors, if any, are yet to be determined. UNFPA was the only direct donor to support integrated population and development planning activities as well as the holistic reproductive health approach delineated in the ICPD Programme of Action. During the period of the proposed programme, the reproductive health sector will receive, in addition to UNFPA support, the following assistance: UNICEF ($1.0 million) for adolescent and youth health, including Safe Motherhood and newborn care; the World Health Organization (WHO, $1.0 million) for adolescent and youth health and Safe Motherhood; Germany ($3.2 million) for upgrading regional medical stores and social marketing of contraceptives; and Volunteer Services Overseas ($250,000) for health services, including IEC. The International Planned Parenthood Federation (IPPF) will support family planning services through its newly-formed local affiliate, the Namibia Planned Parenthood Association (NAPPA), commencing in 1997.

16. In early 1997, UNFPA, UNICEF and WHO will jointly help the Government develop a nationwide master plan for reproductive health, including youth health and Safe Motherhood initiatives, in an effort to coordinate the anticipated multi-donor support for reproductive health. Within the master plan, UNFPA, UNICEF and WHO will join in a concerted effort to formulate, finance and implement a youth-friendly reproductive health programme.

Proposed programme

17. During the first country programme, UNFPA supported population activities on a nationwide basis. The proposed programme will continue nationwide support mainly with respect to the development of policies and plans but will focus assistance in the reproductive health area to those parts of the country most in need. The core of the programme, therefore, would constitute support for reproductive health in selected regions that are still disadvantaged in terms of lack of access to, and low quality of, health services -- namely the northeast and northwest regions. There would also be a substantive focus on meeting the needs of adolescents and youth. To facilitate service delivery

to these priority areas, selected key units at the central level will also be strengthened. The second programme would continue the first programme's successful strategy of networking with local community-based organizations and NGOs, since such networking has proved invaluable in providing health services and gender information to disadvantaged rural and peri-urban communities.

18. Reproductive health. More than half of the programme's resources will be devoted to reproductive health activities, in recognition of Namibia's pressing needs in these areas. Moreover, the Fund has a comparative advantage in this sector, because of the previous programme's successes in helping to improve the accessibility and quality of reproductive health services, address the reproductive health needs of young people, and the training of clinical service providers. The second programme would aim to build on these successes.

19. In the underserved northwest and northeast regions, the programme's goals include: increasing from 60 per cent to 100 per cent the proportion of health units that offer reproductive health services; making adolescent reproductive health services available at Ministry of Health and Social Services facilities and all multi-purpose youth centres of the Ministry of Youth and Sport; and increasing supervised deliveries with the aim of reducing the maternal mortality rate by at least 25 per cent. At the national the Fund will provide assistance for strengthening human resource capabilities and institutional capacities regarding the health information system, operational research and IEC in support of reproductive health.

20. In the northern regions, service providers will receive in-service training in reproductive health and family planning clinical methods, family planning counselling and interpersonal communication techniques. Adolescent- and youth-friendly services will be instituted in existing health facilities as well as in youth centres under the Ministry of Youth and Sport. Operating through the United Nations Resident Coordinator system, the programme will support national efforts to address the epidemic of sexually transmitted diseases (STDs), including HIV/AIDS, especially in the heavily affected north and east. In collaboration with the Ministry of Basic Education and Culture, resource materials for teachers will be produced and tested; these materials would cover key "carrier" subjects through which reproductive health and family life education are being introduced into the formal school curriculum. Assistance will also given for the development of materials on reproductive health, including adolescent reproductive health, for literacy classes, which reach some 40,000 students, primarily in the north.

21. In an effort to improve reproductive health services nationwide and particularly in the north, the Fund will assist the Ministry of Health and Social Services at the central level in improving the capacities of the Reproductive Health Unit under the Family Health Division by training its staff to prioritize research activities, undertake operational research, and carry out a feasibility pilot study on various alternatives for the provision of reproductive health services. The programme will also help to produce tailor-made reproductive health pre- and in-service training curricula for the cadre of

service providers in the North, who remain poorly trained, and to improve the health information system, particularly concerning reproductive health indicators. To strengthen Namibia's capacity to support reproductive health through IEC, UNFPA will, in collaboration with appropriate ministries, provide technical support for the formulation of a national IEC strategy.

22. Population and development strategies. This is another area in which UNFPA has a comparative advantage, given its track record of support for Namibia's integrated population and development planning efforts. UNFPA assistance would focus on strengthening the Government's technical and managerial capacities to implement the National Population Policy, particularly through formulation of action plans at the central and district levels. Limited support will be provided to strengthen the capacity of the Central Statistical Office to collect, analyse and disseminate demographic and related socio-economic data will be enhanced. The Population Planning Unit as well as key focal points in ministries and institutions would be helped to integrate population variables into their sectoral plans and programmes, through appropriate human resource development and the timely provision of technical assistance. Support will be given to the National Planning Commission, other line ministries, relevant NGOs and the University of Namibia to augment their capacities to undertake gender research and integrate gender concerns into their activities. The University of Namibia would be assisted in its efforts to incorporate population studies into existing relevant disciplines. The programme would also support the design and implementation of a multisectoral population research programme, to assist in the implementation, monitoring and evaluation of the population policy.

23. Advocacy. The proposed programme would assist the Government in its efforts to remove barriers to the provision of reproductive health services for adolescents and youth -- barriers which include the reluctance of health workers to provide such services. The programme would also support the implementation of policies that would enable pregnant students to continue their educations. To enhance the status of women, the programme would assist such groups as Parliamentarians on Population and Development and the Women's Parliamentary Caucus in their efforts to promote gender equity and to eliminate discriminatory customary practices against women -- including providing boy children with more education than girl children. To build capacity for reproductive rights advocacy, the programme would forge partnerships with NGOs and community-based organizations. Efforts would be made to forge a consensus among decision-makers, particularly at the regional levels, for increased funding of population and development activities stemming from the National Population Policy and other related policies. The programme would utilize the proposed structure of the National Council on Population and Sustainable Development and the regional councils as focal points for launching population advocacy activities.

Implementation, monitoring, evaluation and coordination

24. Priority will be given to the Government and to national NGOs to execute UNFPA-funded projects. In cases where the Government or a national NGO is not in a position to execute a given project, United Nations specialized agencies and/or international NGOs will be called upon as executing agencies after consultation with the Government and taking into consideration their respective comparative advantages. The Fund's office in Namibia will assist the National Planning Commission, as well as other ministries involved in the programme, to coordinate population and development activities. Regular monitoring meetings of the Inter-Agency Technical Committee on Population (IATCP), with representation from relevant government ministries, NGOs, UNFPA and other development partners, are to be held quarterly. The IATCP will meet with its three sub-committees (IEC, reproductive health and research) as necessary. The Country Strategy Note and Resident Coordinator system should further facilitate coordination of initiatives among donors and the United Nations system. The Country Support Team located in Harare, Zimbabwe, will provide technical backstopping to the programme. A mid-term review of the programme will be conducted at the end of 1998. Programme monitoring and evaluation will involve the submission of quarterly technical and financial progress reports on projects as well as annual audit reports, the convening of annual tripartite project review meetings, and the undertaking of field monitoring visits.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for Namibia as presented, in the amount of $6.1 million over the period 1997-2000, $3.6 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral sources and/or other sources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Senegal

Proposed UNFPA assistance: $15 million, $10 million from regular resources and $5 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	6.5	3.5	10.0
Population & development strategies	2.5	1.0	3.5
Advocacy	1.0	.5	1.5
Total	10.0	5.0	15.0

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SENEGAL

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	46.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	7.0	≥55
Access to basic health services (%)[3]	40.0	≥60
Infant mortality rate (/1000)[4]	68.0	≤50
Maternal mortality rate (/100,000)[5]	600.0	≤100
Gross female enrolment rate at primary level (%)[6]	35.6	≥75
Adult female literacy rate(%)[7]	20.7	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	8,312	Annual population growth rate (%)	2.7
Population in year 2000 (000)	9,495	Urban	4.0
Sex ratio (/100 females)	100.2	Rural	1.7
Per cent urban	42.3	Crude birth rate (/1000)	41.1
Age distribution (%)		Crude death rate (/1000)	14.5
Ages 0-14	44.5	Net migration rate (/1000)	0.0
Youth (15-24)	19.6	Total fertility rate (woman)	5.62
Ages 60+	4.7	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.7	Males	50.3
Median age (years)	17.5	Females	52.3
Population density (/sq. km.)	42	Both sexes	51.3
		GNP per capita (U.S. dollars, 1994)	610

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Senegal achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $15 million, of which $10 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Senegal.

2. The proposed programme, which has been finalized in close collaboration with the Government, non-governmental organizations (NGOs), various segments of the civil society and other development partners, takes into account the Government's overall population and development objectives, as stated in its Eighth National Development Plan (1991-1995), and the draft Ninth National Social and Economic Development Plan (1996-2001), as well as the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise. The proposed programme also considers the lessons learned from previous UNFPA assistance to Senegal.

3. The proposed 1997-2001 programme, in collaboration with other programmes developed by the Government, will contribute to the attainment of the national objectives established by the Population Policy Declaration approved by an Inter-Ministerial Committee in July 1995. The PRSD proposed that UNFPA could help the Government attain its immediate objectives through promoting a comprehensive reproductive health approach and by strengthening the integration of reproductive health components in all health structures; fostering the programme approach and the integration of population variables into development plans; strengthening the institutional structures charged with the coordination of the national Population Policy Declaration; and harmonizing the collection, research, dissemination and utilization of population information. The proposed programme also aims to contribute to improving the socio-economic situation of women, to help in regionalizing the population programme process, to promote human resource development and the use of national execution and to involve political authorities, religious leaders and grass-roots organizations in formulating and implementing the National Population Programme.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Senegal falls in category "A" under UNFPA's new approach for resource allocation. It remains a poor country, with a per capita gross national product (GNP) of just over $600, and the economy has deteriorated since the 1980s, with the GNP growth rate decreasing from an average of 2.6 per cent in 1979-1983 to 2 per cent in 1994. An estimated 33 per cent of the population lives below the officially established poverty level.

6. The Government faces numerous challenges in improving the reproductive health of the Senegalese people. The country has a very high maternal mortality rate, estimated at 600 per 100,000 live births. More than half of all births take place at home without qualified help. The contraceptive prevalence rate remains low, at 7 per cent, in spite of the integration of family planning services into public health structures and an awareness level of 75 per cent. The low use of contraceptives can be attributed to several factors, including the lack of empowerment of women and the lack of family planning services in most rural areas. Accessibility to these services is limited, their quality poor, and where family planning services are integrated into the maternal and child health (MCH) structure, the level of integration is weak. Widespread misconceptions about religious precepts on family planning have been another contributing factor. However, at a recently held Colloquium on Islam and Family Welfare, the country's Islamic religious leaders took a clear position in favour of family planning.

7. Although women in Senegal contribute to all spheres of the country's economy, their position in society is still linked to reproductive roles. The Government has made important efforts toward the advancement of women's status, including the adoption of a National Action Plan and ratification of the international Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), but gender inequalities persist. For example, family planning services are available only to married women and conditional on the consent of their spouse. Female circumcision remains prevalent among certain ethnic groups.

Previous UNFPA assistance

8. The third UNFPA country programme was approved for $12 million for the period 1992-1996. The programme helped promote a better understanding of population-related issues in Senegal and aided in an increase of contraceptive methodologies so that a wide variety of methods is now available in the country. In collaboration with the Ministry for Youth and Sports, the Municipality of Dakar and several NGOs, UNFPA helped set up two multi-functional youth centres that provide reproductive health counselling and basic services for adolescents. The programme also funded setting up five pilot reproductive health centres to facilitate the integration of reproductive health components into existing health structures.

9. Among the lessons learned from the past programme was the necessity of establishing reliable sociocultural data before setting programme objectives. It turned out that the goals of the previous country programme in terms of increasing the contraceptive prevalence rate were over-optimistic in that they did not adequately take into account the difficulties in overcoming such obstacles as the scarcity of service delivery points in rural zones, the absence of alternative distribution channels for contraceptives, the lack of support from religious leaders and elders, and the non-involvement of men and youth. Another lesson learned is that the institutional framework of the Population Policy Declaration needs to be revised. To achieve real integration of population variables in development plans, emphasis has to be put on their integration in sectoral policies. Diverse evaluations also show that women's involvement in population programmes will not be increased substantially as long as they are economically dependent and their illiteracy rate remains high.

10. There are, however, reasons for some optimism. The March 1996 Colloquium on Islam and Family Well-Being has shown that Senegal's religious leaders are more receptive to family planning than expected. Friday sermons and television talks by imams are good indicators that a vehicle has been found to make religious leaders partners in informing the public about population issues, especially family planning and the status of women. It should also be mentioned that the establishment of the two youth centres in Dakar demonstrates the potential for providing reproductive health services for youth in the Senegalese context. The information campaign vis-à-vis parents, authorities and religious leaders made it possible for these centres to work with adolescents with the support of the community. The UNFPA's pro-active stance in this regard was instrumental in achieving the successful result.

Other external assistance

11. The United States Agency for International Development (USAID) and the World Bank are among the major donors to Senegal in the population field. USAID, the main contributor for family planning activities, intervenes through such programmes as the three-year $30.2 million "Child Survival" project, which includes family planning interventions, and is implemented by the Ministry of Health in collaboration with UNFPA within the framework of the National Family Planning Programme. It also contributes about $4 million to the National AIDS Programme. The World Bank has earmarked $900,000 for human resource development to help strengthen the capacity of the National Family Planning Programme and $8 million for the expansion of private sector reproductive health services. It also supports a community nutrition project ($32 million) and a youth promotion project ($1.9 million), mainly for information, education and communication (IEC) activities, that is being implemented by the Ministry for Youth and Sports in collaboration with UNFPA. UNICEF also has a strong input in the field of IEC, estimated at $7.5 million over the past four years. In total, between 1992-1996 the contribution all of development partners, including UNFPA, was around $30 million for family planning activities and $8 million for the control of sexually transmitted diseases (STDs), including HIV/AIDS.

12. UNFPA is not the main donor in the population field in Senegal, but it does have certain advantages that have allowed it to occupy a unique strategic niche. As a multilateral donor, the Fund is considered neutral in its field, which gives it the possibility of intervening in sensitive domains, such as the provision of reproductive health services for adolescents and family life education in schools. UNFPA is also recognized as a leader in the population field because it is widely regarded as more holistic in its approach to population issues, incorporating a wide range of interventions while other donors tend to limit their activities to particular areas of specialization. Such advantages will, for example, enable the proposed programme to build on fruitful contacts with religious leaders.

13. Coordination between development partners to avoid duplication of efforts and facilitate government monitoring is accomplished through a number of mechanisms. New programmes are considered during meetings of the informal population network created and headed by UNFPA as well as during meetings of the informal network on health and the informal network on women headed by UNIFEM. UNFPA participates in all quarterly meetings of the development partners in Senegal, headed by the World Bank and the United Nations Resident Coordinator.

Proposed programme

14. The main long-term objective of the proposed UNFPA programme is to help the Government reach and maintain a sustainable relationship between population, resources and development. The Government's immediate goals are to reduce the total fertility rate from an estimated 5.62 in 1995 to 5.18 no later than 2005; the infant mortality rate to 64 per 1,000 by 2001; the annual population growth rate to 2.59 per cent during the period 2001-2005; and maternal mortality to 400 per 100,000 live births in 2001. It also aims to increase the contraceptive prevalence rate for all contraceptive methods to 22.6 per cent in 2000. Other goals are to improve the status, conditions and quality of life of women by fostering gender equality and equity and the empowerment of women and by encouraging the schooling of the girl child. UNFPA's proposed 1997-2001 programme aims to help attain these goals by supporting the full integration of population variables into sectoral development planning during the next four-year cycle and by helping to increase by 20-25 per cent the number of health centres, health posts, NGOs and private clinics that offer integrated reproductive health services. It will also assist the Government in advocating for continued, and increasing, national commitment to the achievement of the objectives of the Population Policy Declaration.

15. The coverage of all these UNFPA activities will be national in scope. The focus of reproductive health activities will be shifted from urban hospitals and reference centres to the level of the health district, mostly in rural zones, with an increased emphasis on adolescents and males. In the area of population and development strategies, priority support will be given to the development of human resources and the integration of population variables into sectoral policies. In advocacy, the emphasis will be to assist the Government in information campaigns aimed at

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developing commitment towards population issues, specifically as regards the promotion of women's status and making reproductive health services accessible to youth.

16. Reproductive health. The reproductive health objectives of the proposed programme take into account the constraints of the previous programme and the sociocultural situation in Senegal. They seek to help increase the contraceptive prevalence rate of modern methods from 12 per cent in 1995 to 25 per cent in 2001 in urban areas, and from 7 to 15 per cent for the country as a whole. They also seek to ensure the quality of and accessibility to reproductive health services in 14 reference centres, 5 hospitals, 26 health centres, 220 health posts, 50 "cases foyers" and 15 private clinics managed by NGOs. Additional reproductive health goals include increasing from 2 to 25 the number of the multi-functional counselling centres for youth that provide family life education and reproductive counselling and services, as well as helping to increase the number of NGOs and grass-roots organizations addressing the special needs of youth and men.

17. To help attain these objectives, the proposed programme will promote the comprehensive reproductive health system approach throughout the health system and foster the integration of reproductive health components in all health structures. It will actively work to improve the quality of care through helping to increase the technical capacity of health personnel. The proposed programme will assist in the development of alternative distribution channels for contraceptives, including community based, workplace and private sector distribution modalities. The programme will also look at the way reproductive health service delivery points are organized physically and in terms of patient flow and hours of availability in order to make them more efficient and user-friendly.

18. Population and development strategies. In light of the Government's strategy of decentralization, the programme aims to help the Government formulate national and regional population action plans and to integrate population variables into all its sectoral policies. It seeks to develop a training programme to enhance management of existing human resources and improve data collection, analysis, dissemination and utilization. It also proposes to help reinforce the systematic use of the programme and gender approaches in formulation and implementation of population programmes as well as to institutionalize population and family life education in both the formal and non-formal education systems. It will also encourage a reorganization of institutions implementing the National Population Programme in order to improve coordination and monitoring.

19. The programme plans to review existing demographic studies to identify priority needs and to elaborate a five-year plan in research and data collection. UNFPA will provide assistance for carrying out the country's third population census in 1998 in collaboration with other development partners. A data bank will be set up to assist in integrating population variables, including gender issues, in the Government's sectoral planning. The Fund will provide technical assistance in revising the Family Code to include the recommendations of the ICPD and the Fourth World Conference on

Women and in finalizing the National Plan for Women and developing a plan for its implementation.

20. Advocacy. The proposed programme aims at assisting the Government in its efforts to obtain the full commitment of parliamentarians, religious leaders and community leaders to population and reproductive health programmes, as well as the adoption of laws in favour of the attainment of the objectives of the Population Policy Declaration, and the promotion of reproductive health programmes for adolescents. To achieve these objectives, the programme will provide support for an information campaign to raise the awareness of these leaders on the relationship between population, economic development and family well-being. It will also provide assistance for an information campaign aimed at promoting the status of women and making reproductive health services available to youth.

Implementation, monitoring, evaluation and coordination

21. The proposed programme will sponsor a national seminar of concerned governmental and non-governmental organizations to produce a detailed implementation plan. Overall coordination of the programme will be carried out by the Secretariat of the National Council of Population and Human Resources, which will ensure that activities undertaken under each sub-programme are in line with the objectives established for the programme as a whole. A coordination committee comprising the head of each sub-programme will be set up to facilitate harmonization. Each sub-programme will be placed under the responsibility of an appropriate line ministry to formulate, manage, monitor and evaluate. The activities under each sub-programme will be executed by ministry departments, NGOs, associations and United Nations organizations, as appropriate.

22. UNFPA-established guidelines and procedures will be used for monitoring and evaluating the proposed programme. Quarterly meetings with programme managers and financial assistants will be held to promote coordination and the sharing of experiences and discussion of problems encountered. Technical backstopping from national consultants and the UNFPA Country Support Team headquartered in Dakar will be provided as needed. As far as possible, national consultants and NGOs will be used for evaluation and review exercises. A mid-term review will be held in 1999 to assess progress made, and reorientation plans will be defined as necessary.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Senegal as presented, in the amount of $15 million over the period 1997-2001, $10 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $5 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Uganda

Proposed UNFPA assistance: $24.0 million, $16 million from regular resources and $8 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	10.0	6.5	16.5
Population & development strategies	3.5	1.5	5.0
Advocacy	2.5	-	2.5
Total	16.0	8.0	24.0

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UGANDA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	38.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	5.0	≥55
Access to basic health services (%)[3]	49.0	≥60
Infant mortality rate (/1000)[4]	115.0	≤50
Maternal mortality rate (/100,000)[5]	550.0	≤100
Gross female enrolment rate at primary level (%)[6]	59.1	≥75
Adult female literacy rate(%)[7]	46.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	21,297
Population in year 2000 (000)	24,618
Sex ratio (/100 females)	98.5
Per cent urban	12.5
Age distribution (%)	
Ages 0-14	48.8
Youth (15-24)	19.3
Ages 60+	3.9
Percentage of women aged 15-49	43.4
Median age (years)	15.6
Population density (/sq. km.)	90
Annual population growth rate (%)	2.9
Urban	5.4
Rural	2.5
Crude birth rate (/1000)	48.4
Crude death rate (/1000)	19.4
Net migration rate (/1000)	0.0
Total fertility rate (woman)	6.72
Life expectancy at birth (years)	
Males	42.2
Females	44.3
Both sexes	43.3
GNP per capita (U.S. dollars, 1994)	200

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Uganda achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $24 million, of which $16 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $8 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15. This would be UNFPA's fourth programme of assistance to Uganda.

2. The proposed programme was prepared in close collaboration with national authorities. It takes into account the recommendations of the 1996 programme review and strategy development (PRSD) exercise, the Government's overall objectives on population and development as reflected in numerous policy documents, including the National Population Policy, and the harmonized programme cycles and relevant programme documents of the members of the Joint Consultative Group on Policy (JCGP) and other multilateral and bilateral donors. Programme formulation also included contributions from national and international non-governmental organizations (NGOs) active in the fields of population, reproductive health and gender in Uganda.

3. The proposed programme will assist the Government in updating and implementing the National Population Policy at the central and district levels. It also aims at strengthening the human resource and institutional planning and implementation capacity of both governmental and non-governmental partners to provide quality reproductive health services both at the central level and in 26 districts targeted for focused UNFPA interventions. Uganda has been classified as a category "A" country in terms of UNFPA's new approach for resource allocations, and the proposed programme will include interventions in all three of UNFPA's core programme areas -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Political instability in the 1970s and early 1980s seriously weakened Uganda's social, health and economic infrastructure. Uganda's economy has been recovering in the past decade, with an average growth of 6.7 per cent and an inflation rate in the single digits. However, most of the country's health and development indicators remain extremely low: life expectancy at birth is 43 years; the per capita gross national product (GNP) was estimated at $220 in 1995; adult literacy is only 46

per cent for females and 72 per cent for males; and close to 60 per cent of the population lives below the officially established poverty line.

6. Health conditions in the country are very poor and access to medical services quite limited. Approximately 60 per cent of the nation's health care is provided by the Government, the rest by NGOs. Government policy is to provide a primary health care facility for every 20,000 people, but currently less than one third of the population lives within 5 kilometres of a health centre. Moreover, most health facilities and qualified staff are concentrated in the urban areas, while close to 90 per cent of the population lives in rural areas, where half of all health care is provided by untrained persons. Furthermore, a significant percentage of the existing 1,600 health centres do not offer reproductive health services. Infant and under-five child mortality rates are 115 and 203 per 1,000 live births, respectively; the maternal mortality rate is 550 per 100,000 live births; and more than 22 per cent of deliveries are attended by untrained relatives or untrained traditional birth attendants (TBAs). According to the 1995 demographic and health survey, 30 per cent of currently married women have an unmet need for family planning. Uganda is also one of the countries in the world most affected by the AIDS epidemic: it is estimated that over 1.7 million Ugandans were HIV-positive in 1995 (8.5 per cent of the total population).

7. Under a new Constitution promulgated in 1995, the governmental administrative system has been fully decentralized, and each of the 39 districts can now determine its respective development strategies within national socio-economic priorities. Government officials as well as community and clan leaders have all become more receptive in the last few years to population programmes. The Government adopted a comprehensive population policy in 1995 but still lacks the requisite implementation plans. The Government also formed explicit policies and strategies to promote gender equity and equality. The affirmative action policy underlying the new Constitution has established a position of Secretary for Women at each level of the Local Council Committees. Uganda is also signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Previous UNFPA assistance

8. UNFPA's third country programme for Uganda was approved for the period 1993-1996 in the amount of $14 million, of which $10 million was to come from UNFPA's regular resources. The programme's mid-term review recommended, and the Executive Board approved, a supplementary funding of $6.2 million, bringing the total budget to $20.2 million. By the end of 1996, $18 million has been spent, including $3 million in multi-bilateral funding contributed by Belgium, Finland, Sweden and the United Kingdom.

9. Previous UNFPA assistance in Uganda has resulted in a number of concrete achievements. UNFPA supported the formulation of the National Population Policy, the drafting of the National

Action Plan drawing on the ICPD Programme of Action, the creation of a Population Secretariat, and the institutionalization of population and family life education units in a number of ministries. UNFPA programmes also contributed to an approximate 20 per cent reduction in both the infant and under-five child mortality rates, an increase in the contraceptive prevalence rate, a slight decline in fertility rate from 7.3 to 6.7 and a fourfold increase in the number of health centres offering reproductive health services. UNFPA also helped develop a health information and contraceptive logistics system, training curricula on family health skills, and numerous other community- and youth-centred programmes.

10. Success, however, has been limited in other areas. Maternal mortality and morbidity figures continue to be very high; adolescents, in particular, continue to be at a high risk of early pregnancies and sexually transmitted diseases (STDs), including HIV/AIDS; there is very little male involvement in family planning; and the low socio-economic status of women persists. Constraints to further progress include a weak health infrastructure, poor communications and the low salary level of health workers.

11. A number of lessons can be learned from the previous programme. First of all, it has become clear that sectorally isolated programmes have only limited impact in bringing about desired change in attitudes and behaviours and are not the most cost-effective approach. Likewise, sensitization efforts have limited impact if they are not matched with available, affordable and accessible quality reproductive health services. Provision of such quality services need to involve a range of medium- to long-term investments and operational instruments, including building institutional capacity, motivating health workers and improving their working conditions, helping these workers to acquire planning, management and service-provision skills, and matching users' and service providers' perceptions at all levels of service delivery. Also, it has become evident that although policy documents represent an important legal and guideline framework, they are not likely to bring about a desired change if concrete strategies and programmes are not implemented. There is need to invest in alternative approaches to bring about change. Sociocultural barriers are likely to be removed only to the extent that desirable social change is promoted through a community participatory process. It is clear that such an approach has the merit of imparting a sense of ownership and contributing to programme sustainability.

Other external assistance

12. Given the huge development needs of the country and the promising prospects for a steady recovery, Uganda has become a priority country for a number of multilateral and bilateral development partners involved in population-related activities. The World Bank is a major provider of condoms in the country. With its District Health Project II, it is supporting reproductive health activities through provision of essential equipment and the construction and renovation of health facilities. The United States Agency for International Development (USAID) has a five-year, $44

million project designed to improve the delivery of reproductive health and family planning services that it is implementing in 10 districts. USAID is also supporting a social marketing programme. The British Overseas Development Administration (ODA) has a family health project that supports construction and renovation of health facilities and provision of essential equipment. The World Health Organization (WHO) is spearheading a "mother-baby package" in addition to its focus on primary health care, and UNICEF supports Safe Motherhood, reproductive health and STD-prevention activities particularly targeting youth.

13. UNFPA's comparative strengths in the country include the ability to promote a holistic approach to population problems and to demonstrate the viability of new approaches to both government and other donors. Other perceived advantages are its neutrality and cultural sensitivity, and its capacity to involve all prominent national parties in assuming direct "ownership" and control of national population activities. In the past, UNFPA has concentrated its support primarily in 26 districts, and this focus will continue under the proposed programme. Historically, this resulted from a geographic division of responsibilities by the Government among donors active in the population field in Uganda. The proposed programme will seek to ensure active coordination and harmonization with other development partners within the United Nations system as well as the NGO, multilateral and bilateral donor communities.

Proposed programme

14. UNFPA's fourth country programme will continue to support a comprehensive population programme; however, there will be a heavy emphasis on interventions in the area of reproductive health. At the national level, the programme will capitalize on the momentum gained so far in strengthening the technical capacity of central and district planners to develop and implement district-based action plans and in providing technical assistance to the Government in formulating a national reproductive health strategy. The proposed programme will focus on strengthening quality reproductive health services in the 26 targeted districts. In 20 of these districts there will be a specific focus on addressing the reproductive health needs of male and female adolescents through multi-purpose youth centres. In 13 of the districts there will be a special emphasis on reducing maternal mortality and morbidity using innovative and cost-effective referral systems.

15. In spite of past achievements and the presence of other donors, there still is a significant unmet need in the 26 districts UNFPA has assisted in the past in terms of basic reproductive health services. One aim of the UNFPA programme, therefore, is to extend such services to the health centres that do not yet offer them. The funding in the proposed programme will only be sufficient, however, to establish basic, clinic-based reproductive health services in these 26 districts. In addition, therefore, the new programme will fund, in an incremental fashion, maternal referral activities in a subset of 13 districts and support integrated reproductive health activities for adolescents in 20

districts, as noted above. It is expected that these demonstration activities will attract other donor interest for replication.

16. Reproductive health. To help Uganda achieve its national reproductive health objectives, the proposed programme is designed to assist the Government in the formulation of a needed national reproductive health strategy and to address the country's major reproductive health issues. The programme will enhance research, planning, monitoring and evaluation capacities at both the central and district levels. The Fund's proposed programme will seek to expand integrated reproductive health services in the 26 targeted districts from 783 to all 1,044 health centres and to expand the community based distribution programme to cover an additional three sub-counties in each of the 26 districts per year, thus reaching a total of 312 sub-counties by the year 2000. In addition, because of Uganda's extremely high maternal mortality and morbidity, UNFPA will assist the Government in expanding the reproductive health referral system from 1 to 12 more districts, an average of three districts per year.

17. To address the lack of qualified and motivated health personnel, the programme will assist in enhancing the skills of an additional 5,000 TBAs in all 26 districts, making a total of 10,000 trained TBAs by the year 2000, i.e., 57 per cent of the TBAs country-wide and 85 per cent of the TBAs in the 26 districts. It will strengthen the training capacity of the Institute of Public Health and increase the number of training sites from four to eight to train middle- to low-level cadres of service providers, including 1,200 reproductive health nursing aides.

18. To counter the high rate of exposure to STDs, including HIV/AIDS, and early pregnancies among adolescents, the programme will provide youth-friendly reproductive health counselling and services by expanding the number of multi-purpose youth centres from 22 to 110 by the year 2000, an average of 22 new centres a year in 20 districts. The proposed programme will reach out directly to districts and community groups to promote the elimination of gender imbalances and harmful traditional practices, including female genital mutilation, and the involvement of men.

19. Population and development strategies. UNFPA's programme in terms of population and development strategies is geared towards assisting the Government in updating its National Population Policy and fully developing district action plans that take into account the recommendations of the ICPD and the Fourth World Conference on Women. The country has weak human resource and institutional capacity in terms of the overall development planning process, including data collection and analysis; formulation of policies, strategies and implementation plans; and monitoring and feedback. The proposed programme therefore aims to enhance the technical and institutional capacity of central and district planning units to ensure integrated population and development planning at the district level. Due to persistent gender disparities in Ugandan society, the programme places emphasis on promoting greater gender equality in the design and implementation of the district action plans.

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20. To achieve these objectives, the technical capacity of the Population Secretariat will be strengthened to better advocate population and gender issues at the national and district levels, as well as to develop policy guidelines, coordinate population and development programmes and provide technical backstopping to District Planning Units. The institutional, technical and analytical capacity of the Population Unit of the Bureau of Statistics and the District Planning Units will also be strengthened to ensure production and utilization of policy-relevant demographic, socio-economic and gender-disaggregated data and analysis. This will include assistance in preparing for the census planned for the year 2000.

21. The proposed programme will support training and applied research at Makerere University and other relevant institutions in pertinent population, reproductive health, HIV/AIDS, gender and sociocultural subjects. The aim will be to link the University as data and information producer to the central and district planners and users and to make use of the University as a trainer to ensure a critical human resource mass, particularly in the context of decentralization. In addition, the programme will assist the Government in devising concrete coordination and collaboration mechanisms and in promoting active coordination amongst institutions and individuals involved in Uganda's population programmes.

22. Advocacy. There is a widespread misperception in Uganda that population programmes are concerned mainly with reductions of numbers and are meant to curb the development of indigenous cultures. Community and religious leaders have only recently started to appreciate the key role population factors play in development. The programme therefore aims at assisting the Government in its efforts to foster positive attitudes among important policy makers, planners, and religious and opinion leaders vis-à-vis population issues in general and the national population programme in particular. The programme will also help the Government in enlisting the mass media and NGOs as advocates for population issues. In addition, the programme will work toward establishing advocacy networks with the Government and NGOs to bring about positive attitudinal and behavioural changes at the grass-roots level.

23. Because of the need for a strong advocacy of gender equity and reproductive rights, the programme will assist in building an adequate institutional and legal framework to provide the appropriate instruments to promote and sustain social change, especially regarding reproductive rights and towards promoting greater gender equity and equality, emphasizing a more gender-balanced division of roles and responsibilities in society and a conducive environment for women's economic and political empowerment. It will provide support for NGOs in their efforts to promote girls' education and the elimination of harmful traditional practices while enhancing the cultural values of Ugandan society and enhancing its identity.

Implementation, monitoring, evaluation and coordination

24. The previous country programme witnessed a significant increase of projects executed by the Government and national NGOs, and this trend is expected to continue. Priority will be given to governmental agencies and national NGOs in the execution of UNFPA-funded projects. In cases where the Government is not yet in a position to execute a given project, United Nations specialized agencies and/or international NGOs will be called upon as executing agencies after consultation with the Government and taking into consideration their respective comparative advantages.

25. Under the proposed country programme, the central and district governments will be assisted in coordinating donor inputs more effectively. A recent evaluation of the Population Secretariat recommended a number of measures to better coordinate population programmes in the country. The future role of the Secretariat will therefore include not only technical backstopping of the districts in the area of planning but provision of policy guidelines and harmonization of indicators of impact as well as advocacy for population issues, coordination of population programme implementation with respective line ministries, and assisting districts to mobilize resources for population programmes.

26. Programme monitoring and evaluation will involve submission of quarterly technical and financial progress reports and holding annual tripartite meetings at the end of each year of the cycle. It will also involve stepping up field monitoring visits to ensure timely anticipation and resolution of management and implementation problems and the commissioning of independent evaluations of projects before the tripartite annual meetings and before the mid-term review. The monitoring and evaluation mechanism will also include the commissioning of audits of projects on an annual basis and cost analyses, performance evaluations and sustainability appraisals of pilot projects on an ad hoc basis. The Country Support Team headquartered in Addis Ababa, Ethiopia, will provide technical backstopping. There will be a mid-term review at the end of 1998. The Ministry of Planning and Economic Development is UNFPA's government counterpart and in that capacity is responsible for the overall coordination of UNFPA- and other donor-supported programmes.

Recommendation

27. The Executive Director recommends that the Executive Board approve the programme of assistance for Uganda as presented, in the amount of $24 million over the period 1997-2000, $16 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $8 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Gambia

Proposed UNFPA assistance: $4.5 million, $3.5 million from regular resources and $1.0 million from multi-bilateral and/or other, including regular, resources.

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.0	0.5	2.5
Population & development strategies	1.0	0.5	1.5
Advocacy	0.5	-	0.5
Total	3.5	1.0	4.5

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GAMBIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	33.9	≥60
Contraceptive prevalence rate (15-44) (%)[2]	12.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	132.0	≤50
Maternal mortality rate (/100,000)[5]	1,500.0	≤100
Gross female enrolment rate at primary level (%)[6]	35.10	≥75
Adult female literacy rate(%)[7]	22.10	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	1,118	Annual population growth rate (%)	2.9
Population in year 2000 (000)	1,291	Urban	5.3
Sex ratio (/100 females)	97.7	Rural	1.9
Per cent urban	25.5	Crude birth rate (/1000)	40.9
Age distribution (%)		Crude death rate (/1000)	17.3
Ages 0-14	41.3	Net migration rate (/1000)	5.0
Youth (15-24)	18.5	Total fertility rate (woman)	5.21
Ages 60+	4.8	Life expectancy at birth (years)	
Percentage of women aged 15-49	48.3	Males	45.4
Median age (years)	19.6	Females	48.7
Population density (/sq. km.)	99	Both sexes	47.0
		GNP per capita (U.S. dollars, 1994)	360

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period (1997-2001) to assist the Government of the Gambia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $4.5 million, of which $3.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.0 million from multi-bilateral and/or other, including regular, resources to the extent possible consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be the fourth cycle of UNFPA assistance to the Gambia.

2. The proposed programme, which has been finalized in close consultation with the Government and other national and international partners, is based on the Government's overall objectives as stated in its national programmes and policies for sustained development, population, family planning, health and poverty alleviation. It also draws on the findings and recommendations of the programme review and strategy development (PRSD) mission fielded in July/August 1996, and the lessons learned during the three previous country programmes.

3. The long-term objective of the proposed programme will be to assist the Government to strengthen its national capacity to fulfill the objectives of its population and health policy and action plan, namely, to reduce maternal mortality by 25 per cent by 2001 and the total fertility rate from 6.0 in 1996 to 5.0 in 2001; to increase the contraceptive prevalence rate for modern methods from the current 12 per cent to 25 per cent by 2001; and to alleviate the differential impact of social and cultural traditions adversely affecting the status of women.

4. To achieve the above objectives, the PRSD mission recommended that the proposed programme work to strengthen institutional structures and technical capacity to fully implement the population policy in cooperation with the private sector and that it promote a comprehensive reproductive health approach and foster its integration into all health structures. It would seek to help the Government in its efforts to empower women with basic rights, including reproductive rights, as partners in development.

5. All activities undertaken in the framework of the programme, as in all UNFPA-assisted activities, will be carried out in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

6. With a per capita gross national product (GNP) of $360 in 1994, the Gambia is classified as a least developed country and is in category "A" in terms of UNFPA's new approach for resource allocation. High fertility and immigration rates are responsible for a high growth rate of the

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population (currently 1.1 million), making it one of the most densely populated countries in sub-Saharan Africa. The relatively low contraceptive prevalence rate -- 12 per cent for modern methods against an awareness level of 81 per cent -- is explained to a degree by widespread misconceptions about religious precepts on family planning and by the fact that women are not always allowed to practice family planning without spousal or parental consent or simply because they do not know where to get contraceptives. Other factors compounding the problem include the poor quality of reproductive health services due to a lack of qualified personnel and equipment and the inadequacy of physical space at many centres and clinics. The high maternal mortality rate is due to early marriage and young age at first birth, taboos concerning methods of delivery and food, low use of family planning, low attendance at delivery by trained medical personnel, and the fact that pregnant women are referred to hospitals and dispensaries only in critical cases.

7. Although the society is ethnically diverse, it is 95 per cent Muslim. Deep-rooted sociocultural and religious beliefs and practices continue to influence fertility behaviour and to favour men in gender relations. The patriarchal and pronatalist culture subscribes to patrilineage, polygamy, female circumcision and early marriage. The low status of women is characterized by poor access to resources and education and lack of control over land in a primarily agricultural economy. Despite the Government's introduction of such instruments as the National Women's Council and Bureau, the status of women remains low.

8. The Gambia's first five-year development plan (1975-1980) acknowledged the constraints of unchecked rapid population growth on developmental efforts. In recognition of this small country's land space limitations and impoverished natural resource base, the Government launched the National Population Policy in 1992 with specific targets in the field of fertility, maternal and child health and family planning (MCH/FP), youth and employment, the environment, migration and gender issues. Fertility regulation and empowerment of women are at the core of the policy.

Previous UNFPA assistance

9. UNFPA's third country programme (1992-1996) in the amount of $4 million was instrumental in creating population awareness throughout all levels of society. The Fund provided significant support to the 1993 housing and population census and to the finalization of the National Family Planning Policy. Furthermore, UNFPA assistance contributed to a diversification of the contraceptive method mix, including long-term methods, in the Gambia.

10. The execution of the programme was confronted, however, with a number of programme and management shortcomings. The results of the 1993 census and other surveys have shown that the sectoral targets were too ambitious and the baseline assumptions were inaccurate. Since 1994, most external donors have withdrawn or are withholding financial and technical support. Lack of national

technical expertise in population and development and reproductive health has been another constraint.

11. Although the Population Secretariat had been placed in the Office of the Presidency, the Government was unable to provide funding, leaving the programme dependent on external assistance and, therefore, vulnerable and unsustainable. As pointed out earlier, there is a need to counter misconceptions about religious precepts on family planning, which remain widespread. An improvement in reproductive health, including an increase in the contraceptive prevalence rate, will depend largely on innovative counselling and on the provision of services not only for women but also for men and adolescents. Also, wider accessibility to reproductive health service delivery points needs to be matched with proper equipment, supplies, logistics and sufficient numbers of adequately-trained personnel so that people will be attracted to use the services provided.

Other external assistance

12. Between 1992 and 1994 external assistance for population activities in the Gambia totaled approximately $5.3 million. Since then, however, most bilateral donors have withdrawn or suspended their support while multilateral assistance from the United Nations system has continued. In the field of population, UNFPA is the main donor, complemented by the work of other agencies. The programme of UNICEF for 1992-1996 had a substantial health component for capacity building, empowerment of women, and maternal and child health service delivery. UNDP, since 1994, is assisting the Government to develop the Strategy for Poverty Alleviation, pending resumption of bilateral support.

13. The Government is currently implementing a five-year women-in-development multisectoral project jointly funded by the World Bank, the African Development Bank, Norway and UNDP. The programme aims to improve women's productivity, welfare and status and to effect a change in society's perception of the actual and potential role of women in national development. The Netherlands contributed significantly to the 1993 census, primarily for the training of nationals and for analysis and dissemination of the results. Since 1995, Germany has funded a family planning programme in the North Bank Health Division. In addition, non-governmental organizations (NGOs) are very active. The Gambia Family Planning Association has been a leader in reproductive health, including family planning and sexual health, services, and Save the Children (United States) has been a pioneer in the provision of family planning motivation and services in the North Bank.

Proposed programme

14. The proposed programme will seek to reinforce the planning and coordinating mechanism for implementation of the National Population Policy; to increase access to reproductive health services for at least 80 per cent of the rural population by the year 2001 through the primary health

care system; to increase awareness of population and development issues, family planning and responsible parenthood; and to foster positive social attitudes, particularly among men and youth, toward gender equality and equity and the empowerment of women. The programme would achieve its goals by promoting a comprehensive reproductive health system approach and by integrating its components into all health structures, as well as by strengthening institutional structures and the technical capacity to manage the national population programme.

15. Reproductive health. The first objective of the programme will be to ensure the availability and accessibility of comprehensive reproductive health services in 50 per cent of all MCH/FP service delivery points. The reproductive health sub-programme will contribute to the Government's goal of reducing the maternal mortality rate by 25 per cent by the year 2001. The focus will be on upgrading the quality of care offered by service providers through the training of key health agents. Fifty per cent of all reproductive health service delivery points will be renovated to promote user-friendliness and gender-sensitivity, especially for youth and men.

16. One of the main elements in upgrading the health services staff will be to improve their counselling and communications skills in order that they can serve as agents for increasing public knowledge of family planning services. The community would be encouraged to participate in the design, renovation, funding and management of health structures. Operational and sociocultural research would be systematically undertaken to help improve the quality of services and of information, education and communication (IEC) activities.

17. Following the initiation of a baseline survey on reproductive health, the programme will assist in improving services at existing delivery points and upgrading the health premises in order to improve patient flow, attractiveness and user-friendliness. Alternative channels of family planning service delivery -- community-based distribution, social marketing and employment-based points -- would be systematized and increased. A broader range of contraceptive options would also be made available. The programme will help train, in all aspects of reproductive health, 50 physicians, 250 midwives and state registered nurses, and 500 community health nurses and traditional birth attendants. The programme will organize workshops to promote the reproductive health system approach and refocus MCH/FP activities on the family and the participation of men. In addition, it will provide reproductive health counselling and services at work places for men and youth and establish ten pilot youth reproductive health centres for counselling, outreach activities, service delivery and referral.

18. Population and development strategies. The proposed programme seeks to institutionalize the integration of population variables, including gender issues, into national and sectoral policies and plans and then build up adequate human resources to implement those policies. Specifically, the programme would encourage the adoption and use of tools to integrate population variables into planning, gender and programme approaches, as well as to foster collaboration in the collection and

use of population and development and sociocultural data. Communities and local structures will be empowered to formulate, coordinate and evaluate programmes on their own. Assistance would be given in the training of existing central and divisional staff in reproductive health and in population and development and related fields.

19. In addition to establishing a comprehensive database in population, the proposed programme will also provide assistance to implement the national population action plan initiated by the Government and to adapt the national plan of action at the divisional level. It will develop and implement a five-year comprehensive training plan based on identified needs in population and development, reproductive health and IEC. Population and family life education would be integrated into the programmes of existing municipal and divisional skills development and vocational training centres for youth; it would be institutionalized and expanded at the primary and secondary school levels country-wide and some components introduced in the educational activities of 10 Koranic schools.

20. Advocacy. Based on lessons learned, the proposed programme will assist the Government, first of all, to raise the awareness of religious, community and political leaders on the interrelationships between population and environment, socio-economic development and reproductive health and to obtain their full participation in the formulation and implementation of the population and development and reproductive health programmes. The programme would also assist the Government in creating a favourable context for the adolescent usage of reproductive health information and services and for encouraging gender equity and equality.

21. To support the objectives, the programme will promote the participation of religious and political leaders in population and related activities; initiate a national debate on youth issues, preoccupations and problems; strengthen the institutional base for coordination of IEC and advocacy activities; and, encourage religious, political and community leaders to promote women's status and the education of the girl child. Leaders of non-governmental and religious organizations, influential groups and politicians will be enlisted to help change negative attitudes and harmful practices against girls and women. In close collaboration with the Women's Bureau, sensitization campaigns will be supported that combat violence against women.

Implementation, monitoring, evaluation and coordination

22. The coordination of the National Population Programme is entrusted to the National Population Commission chaired by the Head of State. The operational arm of the Commission is the Secretariat located in the Office of the Presidency. At sub-national levels, the implementation and coordination of the population programmes are carried out by population task forces, established in the division, and by village development committees at the municipal levels. The United Nations system has instituted thematic groups that meet on a regular basis and thereby facilitate collaboration.

UNFPA has instituted a quarterly meeting of all projects funded by the programme under the leadership of the Population Secretariat, which allows monitoring of project progress.

23. The proposed programme would be implemented nationally, with activities being carried out by the Government and NGOs as well as by United Nations agencies working in the Gambia. The coordination will be done by the National Population Commission, which will ensure that activities undertaken in each sub-programme are in line with the overall programme objectives and that they are in harmony with each other. Each sub-programme will be placed under the responsibility of a ministry to formulate, manage and evaluate. The activities under each sub-programme will be carried out by different ministry departments, NGOs and associations. Every effort will be made to strengthen the Commission's Population Secretariat technically to enable it to coordinate all population projects and programmes being implemented in the country.

24. UNFPA's established guidelines and procedures will be used for the management, monitoring and evaluation of the proposed programme. To enable a better assessment of programme progress, indicators of progress and success in designing sub-programmes will be given particular attention. Quarterly meetings with programme directors, managers and financial assistants will be held to promote coordination and sharing of experience and problems encountered. Technical backstopping from the UNFPA Country Support Teams will be requested on the basis of an annual plan prepared at the beginning of each calendar year. As far as possible, national consultants and NGOs will be used for evaluation and review exercises. A mid-term review of the programme will be held in 1999 to assess the progress made and problems encountered, and reorientation plans will be defined as necessary.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for the Gambia, as outlined above, in the amount of $4.5 million over the period 1997-2001, $3.5 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Governments of the English- and Dutch-Speaking Caribbean Countries

Proposed UNFPA assistance: $5 million, $4 million from regular resources and $1 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Second

Category per decision 96/15: Not applicable

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.7	.8	3.5
Population & development strategies	.5	.1	.6
Advocacy	.8	.1	.9
Total	4.0	1.0	5.0

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1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance to English- and Dutch-speaking countries[1] in the Caribbean region within a regional framework over the four-year period 1997-2000. UNFPA proposes to fund the programme in the amount of $5 million, of which $4 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This amount includes commitments from the Government of the Netherlands for activities in Suriname. This will be UNFPA's second programme of assistance to the region.

2. The new programme reflects regional priorities in the population sector as they have been consistently stated by the Governments of the Caribbean countries throughout the process leading up to and following the 1994 International Conference on Population and Development (ICPD). These priorities were articulated most recently at a regional meeting of representatives of governmental and non-governmental organizations (NGOs) in May 1995 that produced the Caribbean Post-ICPD Plan of Action. These priorities were reaffirmed by government and NGO partners at a UNFPA-organized meeting in March 1996 prior to the programme review and strategy development (PRSD) mission that was fielded to the region and again at a PRSD debriefing meeting with all relevant partners in November 1996. The proposed programme has been harmonized with the programming cycles of UNICEF and UNDP.

3. The primary objective of the proposed programme is to promote a comprehensive approach to reproductive health and reproductive rights with a focus on adolescents and youth, as well as to incorporate population factors into socio-economic development and poverty eradication programmes, including the mainstreaming of gender concerns. By the year 2000, the programme aims to have contributed to the removal of existing barriers to the provision of reproductive health services for adolescents and youth in countries of the region.

4. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

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[1]Countries and territories covered under this programme are: Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, the Netherlands Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos.

Background

5. The Caribbean region is made up of a number of countries that exhibit great diversity in terms of population size, ethnic composition, geography and levels of socio-economic development. There are widespread areas of poverty: for example, half of the population of Suriname, Guyana and Jamaica live in absolute poverty, and for indigenous populations in Guyana and Suriname this figure is much higher, reaching 85 per cent. Most Caribbean nations fall within category "B" and some in category "C" under UNFPA's new approach for resource allocation.

6. In terms of population concerns, the countries do share certain priority interests, especially those concerning women and youth. The status of women in the region is not as good as is often assumed. An estimated average of 40 per cent of the region's households are headed by women, and these are the ones disproportionately affected by poverty. In Guyana, for example, 71 per cent of the female-headed households face critical poverty levels. Overall unemployment rates are about 30 per cent higher for women than for men. In most Caribbean countries, about a third of the population is below age 15, and 20 per cent are in the 15-24 age group. An estimated 50 per cent of adolescents are out of school by age 15 or 16 without employable skills and lack prospects of finding full-time employment. Despite nearly universal knowledge about contraceptive methods, young people continue to engage in unprotected sexual behaviour. Adolescent reproductive health access is limited due to existing legal and cultural barriers, including requirements of parental consent. In Guyana and Jamaica, two of the three countries where UNFPA proposes to undertake pilot youth-focused reproductive health care activities, adolescent pregnancy rates are above the 20 per cent level.

7. Family planning services are available throughout the region, and 98-100 per cent of deliveries occur in hospitals. However, reproductive health services follow a traditionally vertical and fragmented approach with little integration. Contraceptive use is generally high, averaging about 60 per cent among women in union, with the exception of Guyana and Suriname where it is less than 50 per cent. The most preferred method of contraception among women in union is the pill, followed by condoms and tubal sterilization. Data indicate that congenital syphilis has increased significantly, and some countries have reported that 2 to 3 per cent of women attending antenatal clinics are HIV-positive. HIV/AIDS is the leading cause of death among women 15 to 44, and the second leading cause of death for young adults. In Jamaica and Bahamas, HIV infection is estimated at 4-6 per cent and 8 per cent, respectively, with heterosexual contact being the primary mode of transmission, as it is throughout the region.

Previous UNFPA assistance

8. UNFPA was involved in a number of successful activities in the Caribbean during the previous cycle of assistance. In collaboration with UNICEF and the Netherlands, UNFPA supported the teenage mothers programme at the Women's Centre of Jamaica Foundation, an NGO that has high success rates in avoiding second pregnancies among adolescent girls, returning girls to school and helping them secure jobs, and the Fund will provide support for this concept. Several information, education and communication (IEC) projects have also been supported at the national level, focusing on reproductive health and family life education, with women and adolescents as target groups. UNFPA gained considerable recognition and credibility through its support during preparations for the ICPD and helped consolidate an important coalition of public and NGO partners. These partnerships will be further cultivated to promote ICPD goals during the next programme period.

9. The main lesson learned from previous UNFPA assistance has been that a programmatic approach is essential for successful implementation and impact of activities, rather than a series of uncoordinated activities lacking strategic vision. Even in countries where considerable gains in contraceptive use were evident, such as Jamaica, the lack of baseline data does not allow for precise conclusions on the relative contribution of UNFPA to these achievements. The PRSD mission found that project formulation, monitoring and evaluation were areas that needed to be strengthened, including those concerned with gender mainstreaming. The narrow scope of population activities and the weak attention paid to balancing gender concerns were reflected in the fact that little or no effort was made to provide men with reproductive health information. Findings also indicate that the design of projects for youth and adolescents needed to be improved in order to focus on youth participatory methodologies and to carry out research for audience segmentation and message development. IEC efforts also need to be linked with service provision for youth, including innovative strategies to reach out-of-school adolescents. Adolescent IEC activities are recognized as being crucial in the region, and they are being supported by different donors. However, these activities have often lacked direction and coordination and have sometimes duplicated each other.

10. The Eastern Caribbean countries that started formulating population policies in the second half of the 1980s have not been able to complete the process. Overall, efforts to set up population units in countries with small policy-making bureaucracies were ineffective in light of the limited resources and of competing priorities. UNFPA's past assistance was not able to foster lasting conceptual linkages among policy makers of the relevance of population and reproductive health issues to poverty eradication, youth development and gender equality. In order to enhance national self-reliance and capacity-building, UNFPA has changed its executing modalities to rely much more on direct execution by Governments and NGOs rather than United Nations agencies.

Although well received and holding promise for the future, this has inevitably led to difficulties due to the weak technical and management capacities of many of the Caribbean countries.

Other external assistance

11. Despite a declining trend in donor assistance to the Caribbean region, there is still a significant contribution from bilateral programmes, although these are generally limited to specific programme areas. The United States Agency for International Development (USAID) is now sponsoring a youth-focused programme in Jamaica designed to reach out-of-school adolescents with a package of family planning, reproductive health, literacy and basic skills training. The German Gesellschaft für Technische Zusammenarbeit (GTZ) also provides assistance to Jamaica, including support for training health personnel at the University of the West Indies at Mona as well as for HIV/AIDS education and prevention activities. The European Union is assisting with health infrastructure development in St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines. Other important partners include UNDP, UNICEF, the World Food Programme (WFP) and the Pan-American Health Organization (PAHO), all of whose programmes have components for collaborative linkages with respect to social mobilization activities, eradication of violence against children and women, health delivery, family life education, HIV/AIDS education and prevention, and male responsibility issues.

12. UNFPA's niche and comparative advantage include 20 years of working on population issues in the region, its access to a solid network of governmental and NGO partners committed to the ICPD Programme of Action, and its experience in the area of adolescent and youth sexual and reproductive health issues. UNFPA enjoys the goodwill and credibility of programme partners throughout the region. Advocacy and social mobilization on reproductive rights, gender sensitivity and male participation are overarching issues throughout the programme, and these are also areas in which UNFPA has a strong mandate.

Proposed programme

13. To focus assistance and maximize programme impact, three countries -- Guyana, Jamaica and Suriname -- are proposed as the main recipients of UNFPA country-level assistance, based on such criteria as poverty levels, the needs of young people and existing gender inequalities. The proposed programme's overall strategic vision in the Caribbean region is to focus on adolescents and youth since they constitute not only a majority of the population but also a vulnerable group that often has difficulty in obtaining reproductive health services. UNFPA's strategy is to demonstrate the feasibility of an integrated minimum package of reproductive and sexual health care services for youth based on linking existing national services and resources. It will also aim at capacity-building to enable Governments and NGOs to incorporate population, youth, gender

and reproductive health issues into national programmes, especially those related to poverty eradication. Advocacy activities are aimed at raising awareness for attitudinal and policy changes in favour of providing an environment that will enable youth to obtain access to services. In those countries with significant indigenous populations, programme partners will be encouraged to extend coverage of IEC and service activities to them, particularly in preventing sexually transmitted diseases (STDs), including HIV/AIDS.

14. Reproductive health. UNFPA will assist the countries to promote an eventual regional agreement in collaboration with the Caribbean Common Market (CARICOM) on setting up a minimum package of integrated sexual and reproductive health services for adolescents and youth in support of pilot activities in Jamaica, Suriname and Guyana. The pilot package will include delivery of family planning IEC and services; education on STDs, including HIV/AIDS; post-abortion counselling; and referral systems for cases of violence against women and children. The programme's experience and results with adolescent and youth services will be disseminated throughout the region through CARICOM and other regional organizations. In collaboration with the Economic Commission on Latin American and the Caribbean (ECLAC), and as a component of the pilot activities, a database on reproductive health and youth-related issues will be developed that is gender sensitive and is disaggregated by age, sex, ethnicity and socio-economic group. UNFPA will also support regional training for health providers concerned with youth reproductive health that will focus on improving adolescent counselling skills, including sensitivity to gender concerns.

15. The proposed programme will also support established regional family planning associations and NGOs in developing gender-sensitive prototype IEC materials addressing the choices faced by adolescents and young men and women. These IEC materials will answer, in simple, non-technical language, questions about contraceptives and their side effects; STDs, including HIV/AIDS; and other selected issues related to sexual and reproductive health. Existing peer-to-peer education activities will be redesigned in a manner that will enhance coverage to an increasingly large group of out-of-school youth. UNFPA will also support innovative outreach work and/or IEC efforts that include infomercials to reach this priority target group. UNFPA will participate in and provide technical support to the multi-agency effort with PAHO and UNICEF to develop a regional health and family life education curriculum that incorporates adolescent sexuality, reproductive health and gender issues.

16. Population and development strategies. The new programme, in collaboration with ECLAC and the University of the West Indies, will provide training on population and development issues for key personnel in government ministries and in NGOs and will organize relevant seminars and workshops for policy makers. Research studies already being carried out on the subject of adolescent pregnancies and on migration will be completed. To improve data availability,

UNFPA will support the use of and training in mapping technology at the National Statistical Offices in Jamaica and in Trinidad and Tobago with a view to preparing for the censuses to be carried out in the year 2000. UNFPA will also support ECLAC in transforming the data sets from the 1991 census into ECLAC's computer software format. The programme will support limited comparative research on adolescent reproductive service preferences and rights, male socialization and responsibility and on violence against women in order to promote awareness of gender equality issues and on the interrelationship of population and poverty eradication efforts. This research will be carried out in collaboration with regional women's organizations, universities and private sector research groups. UNFPA also will provide technical support to the Organization of Eastern Caribbean States and CARICOM to incorporate youth and gender components in planned regional socio-economic and household surveys and policy documents dealing with regional social development.

17. Advocacy. Advocacy activities in the proposed programme would be designed to support Governments and NGO partners in their efforts to increase awareness of population and reproductive health issues, particularly as they relate to adolescents and youth, and would be implemented in collaboration with women's groups, NGOs and with UNIFEM and its network of partners in the region as well as in linkage with related programmes of other United Nations agencies. Activities will cover gender issues, including male participation and responsibility, eradication of violence against women and children, and the attitudinal and policy changes needed to facilitate continuation of education and skills training for pregnant adolescents. More use will be made of the United Nations Information Centre (UNIC) to promote the work of national programme partners in the area of reproductive rights, gender equity and equality, and access to reproductive health services, especially for youth and marginalized groups, including indigenous peoples. In addition, the programme will support ICPD monitoring activities by selected NGOs to document follow-up activities at regional or national levels.

Implementation, monitoring, evaluation and coordination

18. The development of projects within the proposed programme will be undertaken in a workshop setting involving both the implementing agencies and representatives of programme beneficiaries, including youth groups. The activity design and implementation stages will also be used for training of partners in project design, monitoring and evaluation methodologies, impact assessment, programme management, including accountability issues, gender mainstreaming and gender impact assessment. In line with UNFPA guidelines, programme indicators will be developed as well as quantitative and qualitative project indicators for monitoring and impact evaluation. A regional roster of expertise would be completed early in the new cycle and used to identify experts for programme development, short-term advisory support as well as for programme evaluation. The utilization of experts from the region would be supplemented by

UNFPA's Country Support Team for Latin America and the Caribbean and, with respect to gender issues, the technical inputs from UNIFEM and the Gender Units at the University of the West Indies.

19. To strengthen programme management, UNFPA will work closely with its governmental and non-governmental partners and assist them in training staff as necessary. UNFPA will continue its pro-active role in coordinating international assistance in population-related activities, working within the region. Quarterly and annual programme and financial reporting requirements will be carried out according to standard UNFPA guidelines. Each thematic area will have annual tripartite reviews to examine annual reports and future workplans. A mid-term review of achievements and constraints will be undertaken at the beginning of 1999.

Recommendation

20. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to countries of the English- and Dutch-speaking Caribbean region as presented, subject to the availability of resources, in the amount of $5 million, $4 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with the Executive Board decision 96/15 on the allocation of UNFPA resources.